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ABSTRACT

The Washington State Department of Social and Health Services conducted a study to collect information about homeless families in the state who are relying on shelters. Information was obtained from census reports from all shelters in the state, from interviews with a parent from each of the 411 families living at the shelters, and from a review of administrative records of welfare eligibility. A comprehensive description is presented of the characteristics of families helped by the shelter and the types of social services they have received. It also reviews issues that local welfare offices and shelter providers face in trying to meet the needs of the homeless families. Issues include domestic problems; employment histories; mental health status; alcohol and drug use; and other living arrangements. Despite many successful efforts, it concludes that more work remains to be done to bring state, local, and private resources together to meet the needs of homeless families. (Contains 1 appendix and 66 tables.) (JDM)

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Homeless Families in Washington State

A Study of Families Helped by Shelters and Their Use of Welfare and Social Services

December 2001

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SERVICES

Homeless Families in Washington State

A Study of Families Helped by Shelters and Their Use of Welfare and Social Services

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December 2001

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Summary

This study was conducted by the Washington State Department of Social and Health Services (DSHS), to provide state policy makers and program executives with basic information about homeless families relying on shelters throughout the state.

This report draws together four kinds of data:

1. A census of all shelters, including private shelters, that serve families in Washington State. The one-night rolling census obtained the number of families each shelter had provided a place to stay the previous night, from late June through late September 2000.
2. Interviews with one parent from each of 411 families using those shelters.
3. Interviews with 70 shelter providers and 27 local welfare office administrators and their staffs.
4. DSHS administrative records of welfare eligibility and actual grant and Food Stamps issuances for most of the 411 interviewed families. We similarly obtained DSHS medical insurance and social service data where these existed for those respondents and their minor children. We received permission from the parents we interviewed to look at the DSHS records for 81 percent of these parents plus the children living with them. We found one or more DSHS records for 98 percent of these persons.

Numbers of families relying on shelters

Statewide, an estimated 750 families were relying on shelters during one night in mid-2000. The 2,529 children and adults that made up these 750 families represent 4.3 out of every 10,000 children and adults in the state's population, proportionally more in the eastern part of the state (5.3 per 10,000 population) than in the west (4.0 per 10,000). These 2,529 children and adults also represent just under two out of every 100 children and adults receiving Temporary Assistance for Needy Families (TANF) in July of 2000.

Demographic characteristics

Two-thirds of the families were headed by one adult, usually a woman, and one-third were two-parent families. Two-thirds of the families had either one or two children; ten percent included a pregnant woman. Thirty-seven percent of the children were under five years of age, 42 percent were five to eleven years, and 21 percent were adolescents, aged 12-17. Twenty-eight percent of the respondents had at least one child not living with them at the shelter.

Respondents represented diverse racial and ethnic groups: 51 percent were non-Hispanic white, 19 percent non-Hispanic black, 12 percent Hispanic, eight percent non-Hispanic American Indian/Alaska Native, and three percent non-Hispanic Asian or Pacific Islander. More than one race was reported by nine percent.

Compared to heads of TANF families, homeless parents were somewhat less likely to be non-Hispanic white (51 versus 62 percent) and more likely to be black (19 versus 12 percent) or American Indian (8 versus 5 percent). In contrast, the state's population was more likely than either homeless or TANF parents to be white (79 percent) and much less likely to be black (3 percent), American Indian (1 percent), or Hispanic (7 percent).

When only homeless parents who were receiving TANF were compared to TANF parents in general, they were found to be similar on several characteristics.[1] In both groups: about ninety percent were female, slightly over eighty percent were one-parent households, just under 20 percent were currently married and living together, and about 45 percent had a high school diploma or GED as their highest level of education.

Homeless parents on TANF differed from TANF parents, however, in their age and length of time on TANF. Homeless parents were slightly older than TANF parents in general. Also, homeless families had been receiving TANF for less time than TANF families in general since homeless families were more likely to have received TANF for a short time span (36 versus 23 percent under six months) but less likely to have received TANF in the longest time span (5 versus 15 percent between three and four years).

Living arrangements during this homeless period and before

On average, the families already had been continuously homeless for nearly four months: 39 days at the shelter and 77 days before the shelter. At the time of the interview, their homelessness had not yet ended.

While homeless, the families moved often: 80 percent had lived in two or more other homeless places before the shelter and 54 percent had lived in three or more prior homeless places.

Temporary shared living was the most common homeless living arrangement. Thirty-nine percent of the families came to the shelter from a shared-living arrangement. The families' second most frequent living arrangement was other shelters. Twenty-two percent of the families came to the shelter from another shelter. For every 100 admissions to their present shelters the families had had 68 previous shelter admissions during the past year.

More than half the respondents had been homeless previously. For 42 percent, this was their first homeless experience. During the last twelve months, 26 percent of the families had been homeless, then housed, then homeless again. Forty-four percent had been homeless before the last year.

[1] To ensure comparability and to use the most complete data, demographic comparisons with TANF families were limited to households where at least one parent received TANF and excluded so-called child-only cases where only children were TANF recipients.

Sources of money and access to welfare benefits

Before the families were homeless, in any given month, between 30 and 35 percent were getting cash assistance from welfare programs, mostly TANF, and between 40 and 45 percent were getting food stamps. Access to welfare benefits increased sharply soon after the families became homeless. Within three months after becoming homeless, between 60 and 65 percent were receiving cash assistance in any given month and between 70 and 75 percent were getting food stamps. Since becoming homeless, 44 percent of respondents had gotten some money from paid work and 22 percent had received financial help from their families.

Supplemental emergency housing grants, called Additional Requirements for Emergent Needs, or AREN, were received by 20 percent of the respondents in the 12 months before becoming homeless. Between the onset of their most recent homeless period and the end of calendar year 2000, 32 percent received an AREN grant.

Nearly all (97 percent) of the respondents had been to a Community Services Office (CSO), often called the "welfare office," at some time in their lives, but only 73 percent said they had been to a CSO since becoming homeless. Most (85 percent) of the administrators and lead staff workers we interviewed at these offices reported that homeless families are given priority or expedited service when applying for welfare benefits. Lack of necessary documents is a common problem for homeless families when applying for welfare benefits, cited by over 40 percent of the welfare office administrators and shelter providers we interviewed.

Work and participation in WorkFirst

In the week before the interview, 21 percent of respondents and their spouses or partners had worked 20 hours or more. Thirty percent said they could not work due to illness, disability, treatment, or counseling.

Fifty-eight percent of the respondents participated in WorkFirst in the month before the interview, based on DSHS records and the state-defined participation rate which includes working 20 or more hours in the prior week, being employed in a work study position, looking for work, preparing for work, or being under a short-term (three months or less) sanction. This rate is lower than the 93 percent found for TANF recipients in general in August 2000, mostly due to fewer homeless families working or preparing to work compared to TANF recipients in general. Twenty-five percent of the homeless respondents who were receiving TANF in the month of our interview were exempt or deferred from work-related WorkFirst activity, roughly the same percentage (28 percent) as TANF families in general. Homeless families, however, were much more likely to be deferred while they resolved issues related to homelessness (12 versus 2 percent). Eighty-one percent of the CSO administrators we interviewed said their CSOs deferred homeless families from WorkFirst work preparation requirements for limited time periods to give the families time to find a place to live.

Drug and alcohol use

Rates of drug and alcohol use by the homeless respondents in this study were compared to rates for women aged 18 to 54 living below 200 percent of the Federal Poverty Level based on a conveniently available statewide household survey in the mid-1990s. The homeless respondents and women in poverty had the same rates of drinking in their lifetime (93 percent) and binge drinking in the last 18 months (23 percent). For overall rates of drinking in more recent periods, however, the homeless respondents reported lower rates of drinking than women in poverty. Sixty-eight percent of homeless respondents reported drinking in the last 18 months compared to 74 percent of women in poverty. In the last 30 days, only 20 percent of the homeless respondents reported drinking, compared to 60 percent of women in poverty. These lower recent alcohol use rates among homeless respondents could reflect a change in drinking patterns while living at shelters where the use of alcohol is normally prohibited, under-reporting, or successful efforts to reduce their use of alcohol.

Comparisons between self-reported drug use of homeless respondents and that of women in poverty produced mixed results. Lifetime rates of drug use were about the same for many drugs: hallucinogens (25 versus 24 percent), stimulants (33 versus 30 percent), and opiates other than heroin (9 versus 8 percent) but were higher among homeless respondents for other drugs: marijuana (72 versus 53 percent) and cocaine (38 versus 21 percent). Differences, however, were not tested for statistical significance and could be due simply to chance or measurement.

Drug use in recent periods (past 18 months and last 30 days) was determined for two general categories: marijuana and any illicit drug other than marijuana. Differences between homeless respondents and women in poverty were small and could have been due to chance. In the last 18 months, marijuana use was reported by 10 percent of homeless respondents and 15 percent of poor women while use of other illicit drugs was reported by 13 percent of homeless respondents and 10 percent of poor women. Rates of marijuana use in the last 30 days dropped to five percent for the homeless and nine percent for women in poverty, and past-month use of other illicit drugs was only three and five percents, respectively.

Recent indicators of need for chemical dependency treatment appeared to be quite similar for homeless respondents and women in poverty. Of the homeless respondents, 17 percent met screening criteria for substance abuse or dependence in the last year, whereas, of the women in poverty interviewed in the mid-1990s, 14 percent had an alcohol or drug use disorder in the last 18 months. Homeless respondents were more likely than women in poverty, however, to have received treatment, counseling, or assistance from self-help groups (e.g., Alcoholics Anonymous) for drug or alcohol use at some time in their lives: 29 percent versus 11 percent. According to records from the DSHS Division of Alcohol and Substance Abuse, 21 percent of the homeless respondents had received publicly funded alcohol or drug abuse treatment (inpatient, outpatient, or methadone) within a recent 2½ year period (July 1998-December 2000).

Mental health

One-third of the respondents had indications of major depression in the last year, and one-third had panic disorder in the same period. In contrast, a 1994 survey of households in Washington State resulted in much lower estimated rates for each of these mental health problems among women in poverty aged 18 to 54: 12 percent for major depression and six percent for panic disorder. Almost half (45 percent) of the homeless respondents reported getting mental health treatment at some point in their lives, and a quarter had received some form of publicly funded treatment in a recent 2½ year period according to DSHS records from the Mental Health Division.

Domestic violence

Ninety percent of the respondents answered questions about domestic violence by intimate partners in the last year. Emotional abuse was reported by 44 percent of them, physical abuse by 27 percent, and sexual abuse by 10 percent. Of those who had experienced some form of domestic abuse, one quarter had gone to a medical care provider to seek care as a result of the violence, half had law enforcement involvement in their domestic situation, and one third had received a court-ordered protective order.

Family services

Over a third of the families had received services from DSHS Children's Administration during a recent 2 ½ year period including Children's Protective Services' (CPS) case management, risk assessments, and counseling as well as other family reunification services and support for basic needs. During this same period ten percent of the homeless respondents were involved in Children's Administration cases in which at least one child was removed from their home.

Twenty-eight percent of the respondents had children who were not living with them at the shelter at the time of our interview. Three quarters of these children were living with another family member, 11 percent were in foster care, and five percent were living with their adoptive parents.

How shelters operate

Within Washington State we identified 152 programs that provided shelter to homeless families, and we interviewed staff at 70 of these shelters. Of the 152 shelters, 130 received state funding: 86 emergency shelter funds only, 36 both emergency and domestic violence funds, and eight domestic violence funds only. Twenty-two shelters got no state funds to operate their programs. At the shelters where we interviewed lead staff, the types of living accommodations they provided families included rooms or apartments in one building (77 percent), vouchers for motel or hotel rooms (46 percent), and scattered rooms or apartments (13 percent).

Of the 70 providers interviewed, 60 said they had a rule stipulating the maximum length of stay, ranging from two days to two years, with 23 percent using a 90-day maximum,

20 percent using 60 days, and the rest providing some other time limit. Limits were somewhat flexible, however, with providers who had maximum stay rules estimating that about 26 percent of their families were likely to stay an extra week or so.

In addition to providing shelter, these programs provide many other services to families as well. These include help in finding housing (96 percent of the providers), clothing (93 percent), case management (90 percent), food or meals (86 percent), and help in getting welfare benefits (84 percent).

Almost half (47 percent) of the families we interviewed got into their current shelter without any delay, and another third got in within a week. Twenty percent waited longer than a week. Of those who had to wait at least one day, some were given motel vouchers by the shelter or another temporary place to stay, but most had to remain wherever they were living, usually a place shared with family or friends.

Future directions

This study provides a comprehensive description of the characteristics of families who are being helped by shelters and the types of social services they have received. This information may contribute to future policy questions by showing both what we do and do not understand about homeless families. The study also provides information about the issues that local welfare offices and shelter providers face in trying to meet the needs of homeless families. The two state agencies most responsible for serving these families through public assistance as well as shelter and housing programs are DSHS and the Office of Community Development (OCD). Through the Homeless Families Plan developed by these entities, greater cooperation has been achieved at the state and local levels. Despite the efforts and successes of the past, more work remains to be done to bring state, local, and private resources to bear on the problems faced by homeless families within our state.

1 Introduction

This study was conducted as part of the 1999 Homeless Families Plan submitted to the Washington State Legislature by the Department of Social and Health Services (DSHS) and the Department of Community, Trade and Economic Development (DCTED). It is designed to provide basic information about homeless families relying on shelters throughout the state.

The study includes families at emergency shelters and domestic violence shelters. Many shelters serve both types of families—those with emergency housing needs and those needing help due to domestic violence. Shelters were identified primarily through their funding sources. Specifically, the DCTED Office of Community Development (OCD) administers the state funds for emergency shelters and transitional housing through the Emergency Shelter Assistance Program (ESAP). OCD also serves as the intermediary to distribute federal Emergency Shelter Grants (ESG) for shelters and transitional housing in the state's smaller counties. DSHS, besides administering the state's welfare programs, also distributes the state's funds to domestic violence shelters. This study also includes families at what might be called private shelters, that is, shelters that receive neither OCD nor DSHS funds. (See Appendix A for a description of the sample of shelters.)

Purposes

A major purpose of this study is to provide state policy-makers and program executives with basic descriptive information about the numbers of families that use shelters statewide and information about their characteristics and backgrounds. Prior to this study there was little data about the numbers of families in Washington State who were living at shelters at a point in time or about their characteristics and backgrounds.

The second purpose was to find out to what extent these families were using DSHS supports that are available. We were particularly interested in the families' use of welfare benefits (cash and food stamps), but we were also interested in the families' use of DSHS-funded assistance in getting jobs, health insurance ('medical assistance'), substance abuse treatment, and mental health care.

Methods

This study combined four different methods. Appendix A describes the methods in detail.

Census of shelters and families

First, we carried out a census of the shelters that serve families throughout the state, and we asked each shelter the number of families they were then serving. We contacted each shelter by phone to verify that they indeed served families and to get the number of families the shelter had provided a place to stay the previous night. The shelters were

individually contacted over a three-month period. Thus the census is a rolling one-night census rather than a true one-night census.

Interviews with families

Next, we arranged and conducted face-to-face interviews with a parent from each of 411 families being helped by a sample of all the shelters. To contain travel and other fieldwork costs, which were high, we systematically sampled shelters, then at the selected shelters we tried to interview every available and willing family. The interviews were conducted between June and September 2000.

The shelters recruited and scheduled families for us in advance and gave us private places to do the interviews. On the day scheduled for an interview, one of the interviewers came and met the respondent, explained the study, and obtained the respondent's informed cooperation. The interviews covered a wide range of topics. They generally lasted 60 to 90 minutes. The survey was translated into Spanish and two of the interviewers who spoke fluent Spanish conducted a number of interviews in that language. In addition interviews were conducted with the assistance of interpreters in Somali, Oromo, Ethiopian, and Albanian. Each respondent was paid $20 plus their transportation and child care costs. When necessary another interviewer provided childcare in a separate room.

DSHS administrative records

At the end of the interview each respondent was asked for permission to use DSHS administrative records for themselves and their children and to combine information from those records with their answers to the survey. For those families who gave permission DSHS files were electronically searched for service records for the respondent and their children using their voluntarily provided names, dates of birth, and Social Security numbers. Permission was given to look at the DSHS records for 81 percent of the 411 parents and the children living with them at the shelter. One or more records were found for 98 percent of these persons. In a few cases we also read the lengthy narratives containing case worker notes from the families' welfare records.

Interviews with service providers

Last, interviews were completed with the director or a case manager at 70 of the state's 152 family shelter providers and the administrators and key staff at 27 out of 66 DSHS welfare offices around the state. These interviews included questions about operational policies and practices at the shelters and welfare offices and about the service providers' experiences with homeless families.

Study limitations

This study was designed to provide information about families living at shelters, not those who never use shelters. Therefore, the results can be used to describe only a portion of all homeless families. The families answered detailed questions about their living arrangements during twelve months just before the interview. That data will be used in

this report to portray the homeless living arrangements of the families before they came to the shelters. We cannot, however, portray the numbers or characteristics of homeless families that never use shelters.

The estimate of the number of families using shelters provided in this report is for one hypothetical night during the summer of 2000 based on a rolling one-night census. The numbers may be different in other seasons or in other years. No data on seasonality is available, and since 2000 was a relatively prosperous year, estimates for other years could differ.[2]

Because of how families were sampled, all of the descriptive statistics about homeless families in this report may be biased toward the long-term homeless families in the sample. Specifically, this study, like other research about homeless families, used a "snapshot" sample of families living at shelters at one point in time. Over a year's time, however, there is a lot of turnover among the short-stay families but much less turnover among the longer-stay families. As a result, the set of families that pass through a shelter over a longer time period, such as a year, will consist of many more short-stay families than one would find at any one point in time.

Samples taken at a point in time will therefore tend to over-represent long-stay families. This over-representation of long-stay families in snapshot samples will bias statistics if the long-stay families' characteristics are different from those of short-stay families. Despite this potential source of distortion, snapshot studies such as ours remain one of the most practical and economical ways to obtain data about homeless families.

Weighted versus unweighted data

All of the reported findings about families served by shelters are based on the 411 families who were interviewed. For the demographic and geographic results presented in Chapter 2 the data from our sample were weighted to generate estimates of the total homeless population.[3] These estimates are derived from information drawn from the survey and the one-night rolling census counts. The total population of homeless families helped by shelters on any night in mid-2000 is estimated to be approximately 750 families.

In the remaining chapters, unweighted data are presented for the sample of 411 interviewed families or relevant subsets for whom we have data for particular items. Unweighted, or raw, data was used in these chapters since the weighted and unweighted data produced nearly identical results and the use of unweighted data saved time and reduced the complexity of analyses. In particular, both weighted and unweighted estimates were initially prepared for the demographic and geographic topics, and comparisons between the two revealed that percents based on the two methods differed at most by values of only one or two percentage points. Conclusions drawn from the data

[2] On the topic of seasonality of homelessness, the shelter providers and welfare administrators offered various opinions. (See Appendix A.)

[3] See Appendix A for a discussion of the weights and the one-night census counts.

were the same. Many items on the remaining topics would require different weights depending on the number of respondents who answered a particular item and the number of possible responses. The complexity of analyses resulted from the number of items on our survey that were designed to elicit multiple answers, notably the detailed residential histories. Within the constraints of time and resources weighting the data did not add appreciably to the findings.

Precision of results

Chances are 19 out of 20 that if all families at shelters in Washington State during one night had been surveyed, those findings would differ from the percentage results reported here by no more than 5 percentage points in either direction. Uncertainty would be higher for statistics about smaller subgroups of all homeless families.

2 Demographic and Geographic Characteristics of Families in Shelters

Families using shelters

The study population, homeless families using shelters, was defined as: Any adult at an emergency or domestic violence shelter who had a person under 18 living with them or who was pregnant. This definition includes both families living at shelter facilities or scattered sites and families using shelter-provided motel vouchers.

750 families homeless at shelters on any one day

We estimate that on a typical day in mid-2000 about 750 families were living at shelters in Washington State. These families were composed of 1,521 children and 1,008 adults, 2,529 persons in all. This estimate is based on our rolling one-night census of family shelters throughout the state.

Is 750 homeless families a large number?

To put the number in context, the 2,529 children and adults in these 750 families represent 4.3 out of every 10,000 children and adults in the state population, based on 2000 U.S. Census data. The 2,529 children and adults also represent 1.75 percent, or just under two of every 100 children and adults receiving TANF benefits in July of 2000.

Demographic characteristics

The demographic characteristics data come from our interviews with 411 of the 750 families. As the 411 interviewed families were drawn systematically we weigh the data from each interview so as to properly construct the demographic profile of the estimated 750 families homeless during one night around the state.

Family patterns

Two-thirds of the 750 families were composed of one adult, plus children. Almost all the rest were two-adult families plus children, with those two adults married to one another or living as partners.

Table 2.1 Family patterns

	Percent of all families[a]
One-adult families	68(%)
Spouse/partner families	29
Other multi-adult families	3

[a] Estimates are based on weighted data.

Almost all of the children living in the families we interviewed were the respondent's own children. Of the few remaining children, they were either related to the respondent in some other way or the child of the respondent's spouse/partner.

Table 2.2 Children's relationships to the respondent

	Percent of all children[a]
Respondent's child	96(%)
Spouse/partner's child	1
Respondent's grandchild	2
Other relative of respondent	1

[a] Estimates are based on weighted data.

Adults

Seventy-four percent of all adults in the families that we interviewed were women. The great majority of the respondents were women, while most of the other adults living within the families at the shelter were men.

Table 2.3 Percent females among adults and children

	Percent female[a]
Adults	74(%)
Respondents	88
All other adults	26
Children	50

[a] Estimates are based on weighted data.

About three quarters of the adults were in their 20s or 30s. Four percent were age 50 or older, five percent were in the 18-19 age group, including two 17 year olds, counted here as adults.

Table 2.4 Ages of adults

Age	Percent of all adults[a]
18-19[b]	5(%)
20-29	37
30-39	37
40-49	17
50-59	3
60+	1

[a] Estimates are based on weighted data.
[b] Includes two respondents aged 17.

Children

The families, on average, included 2.0 children. About an eighth of the families had four children or more. Four percent of the families included a pregnant woman with no children with her.

Table 2.5 Number of children per family

	Percent of all families[a,b]
0	4(%)
1	37
2	28
3	20
4	8
5	2
6	1
7-8	<1

[a] Estimates are based on weighted data.
[b] Detail does not add to 100% due to rounding.

Thirty-seven percent of the children at the shelters were under five years of age, 42 percent ages 5-11, and 21 percent adolescents, ages 12-17.

Table 2.6 Ages of children in shelter (statewide totals)

Age Range	Number of children	Percent of state total [a]
All children [b]	1,521	100(%)
Infants	110	7
Age 1-4	454	30
Age 5-11	641	42
Age 12-14	203	13
Age 15-17	113	7

[a] Estimates are based on weighted data.
[b] Detail does not add to totals due to rounding.

Total number of persons in homeless families in Washington

On average, the families have 1.3 adults and 2.0 children living together at the shelter. Thus, the 750 families living at shelters statewide on any one night in mid-2000 collectively consisted of 1,008 adults and 1,521 children.

Table 2.7 Family patterns and average family sizes

	Total number of persons [a]	Respondent	Other adults [a]	Children [a]
All families	3.4	1	0.3	2.0
1-adult families	3.0	1	-	2.0
With spouse/partner	4.3	1	1.1	2.2
Other multi-adult families	3.8	1	1.1	1.7

[a] Estimates are based on weighted data.

Pregnant women

Ten percent of the 750 families included a pregnant woman. Sixty-four of the 78 pregnant women were respondents, nine were spouse/partners of the respondent, and four were children of the respondent. Two of the 78 were under 18.

Table 2.8 Pregnant women

	Appx number among 750 families[a]	Appx number under age 18[a]
All pregnant women	78[b]	2
Respondents	64	0
Spouse/partners of respondents	9	0
Children of respondents	4	2

[a] Estimates are based on weighted data.

[b] Detail does not add to total due to rounding.

Children living away from their parent

A number of the respondents' children did not live with that parent consistently. Some respondents had children who were living elsewhere. In other cases the children who were living with the respondent at the shelter had not lived with him or her at all of the respondent's previous living places during the past year. Twenty-eight percent of the respondents told us that in addition to the children now living with them at the shelter, they also had other children living elsewhere. On average, these respondents each had 1.6 absent children.

The absent children were typically older than the children at the shelters: 83 percent were of school age, five years of age or older, compared to 63 percent of children at shelters. Three-quarters of the absent children were living with other family members. Some of the absent children had lived with the respondent until recently; others had been separated for longer periods.

Race and ethnicity

Just over half (51 percent) of the homeless parents (represented by the respondents only) were non-Hispanic white, 19 percent were non-Hispanic black, 12 percent Hispanic, and 8 percent non-Hispanic American Indian.[4] Comparisons to the race and ethnicity of heads of TANF households and the 2000 Washington State population are possible based on the following table.[5] Homeless parents were more similar to heads of TANF families than to the state's population as a whole. Both had the same proportion of Hispanics (12 percent). Homeless families, however, were more likely to be black (19 versus 12 percent) or American Indian (8 versus 5 percent) and less likely to be non-Hispanic white (51 versus 62 percent) than heads of TANF households. In contrast, the state's population was more likely to be non-Hispanic white (79 percent) than either homeless or TANF parents and much less likely to be black (3 percent), American Indian (1 percent), or Hispanic (7 percent).

Table 2.9 Race and ethnicity (N's for Homeless = 750; TANF = 54,473; Washington State = 5,894,121)

	Homeless parents [a]	TANF head of household [b]	Washington population [c]
Total	100(%)	100(%)	100(%)
Of Hispanic Origin	12	12	7
Not of Hispanic Origin [d]	88	88	93
American Indian	8	5	1
Asian/Pacific Islander	3	4	6
Black	19	12	3
White	51	62	79
More than one race/Other	7	4	3
Don't Know	*	0	0
Refused	*	0	0

[a] Estimates are based on weighted data.
[b] Source: Automated Client Eligibility System (ACES), TANF cases in August 2000.
[c] Source: 2000 U.S. Census.
[d] Detail does not add to subtotal due to rounding.
* Less than ½ percent.

[4] The category "American Indian/Alaska Native" will be represented by "American Indian" in this report.
[5] Race and ethnicity of homeless parents, TANF heads of households, and the Washington population are based on self-identified categories. The data may not be precisely comparable since the questions and the way the data were gathered varied slightly. Questions on race/ethnicity for homeless parents were designed to parallel the Census questions used for the state's population: both allow people to indicate more than one race. The ACES system used to collect TANF data does not allow that, however, so persons of more than one race may report their race as "Other."

Nine percent of the homeless respondents reported more than one race (seven percent under "Not of Hispanic Origin" and two percent under "Hispanic Origin"). White and American Indian were the two races reported most often in combination with some other race (see next table). Of the 68 persons with more than one race, over three-fourths (76 percent) reported white as one of their races, and nearly two thirds (63 percent) reported American Indian as one of their races. Black was mentioned by 38 percent and Hispanic was reported as one of their races (specified as such under "Other") by 31 percent of the 68 multi-race respondents.

Table 2.10 Persons with more than one race (N = 68)

Reported in combination with one or more other race	Number[a]	Percent[b]
American Indian	43	63(%)
Asian/Pacific Islander	4	6
Black	26	38
Hispanic	21	31
White	52	76
Non-specific[c]	5	7

[a] Estimates are based on weighted data.

[b] Detail adds to more than 100% because each person is counted in more than one category.

[c] Includes "mixed," "Eurasian," or other general term implying more than one race.

Characteristics of homeless respondents and heads of TANF households

Later in this report, a considerable amount of information will be presented about how well homeless families are served by government programs, particularly welfare programs such as Temporary Aid to Needy Families (TANF). To aid in understanding how homeless families may compare to other families in need of financial assistance, the socio-demographic characteristics of homeless respondents receiving TANF and heads of similar TANF households are shown in the next table. For ease of analysis, homeless respondents who were receiving TANF in the month of the interview are compared to TANF recipients in August 2000, a month midway through our interview process.[6]

Overall, the two groups are remarkably similar. Both homeless respondents and TANF heads of household are mostly female (88 and 90 percent, respectively), **not** currently married and living together (83 and 81 percent), of similar levels of education (43 and 46

[6] Data are for one- and two-parent households from the Federal TANF Reporting File extracted from ACES by the DSHS Research and Data Analysis Division. Comparisons exclude "child only" cases (where no adult receives TANF) since these seem to represent different types of households (often with older heads of household who are probably grandparents), comprise very different proportions of homeless versus TANF households in general (10 versus 29 percent), and often contain missing information for the head of household.

percent with high school or GED as highest level completed), and mostly one-parent families (82 and 84 percent).

The two groups are somewhat different along a few dimensions. Although the two groups are generally similar in age, the homeless respondents appear to be slightly older than the TANF heads of household, mostly due to appreciably fewer homeless respondents in the 20 to 24 year age group. Homeless families appear to have had briefer TANF histories, as evidenced by the percentages at the shortest and longest period: more homeless families were on TANF for six months or less (36 versus 23 percent) and fewer were on between three and four years (5 versus 15 percent).

For these comparisons with the state's TANF families, the demographic data for the homeless respondents as well as for the state's TANF families are from administrative records. The homeless respondent cases we use here are limited to the 81 percent of all respondents who gave us permission to access their administrative records and, among these, further limited to those respondents whose families were recorded on administrative records as having gotten TANF grants in the month we interviewed them. The demographics of the homeless respondents might possibly be different for the respondents in families that had not been getting TANF grants, or for those who declined to give us permission to read their administrative records.

Table 2.11 Characteristics of homeless respondents and heads of TANF households (N = 199 homeless respondents on TANF in month of interview, N = 38,808 TANF heads of household, August 2000)[a]

Characteristic	Homeless respondents	Heads of TANF households
Gender		
Female	88(%)	90(%)
Male	12	10
Age of respondent/head of household		
19 years or less	7	8
20 – 24	16	24
25 – 29	22	19
30 – 34	21	17
35 – 39	16	15
40 – 44	10	10
45 – 49	7	5
50 or older	4	3

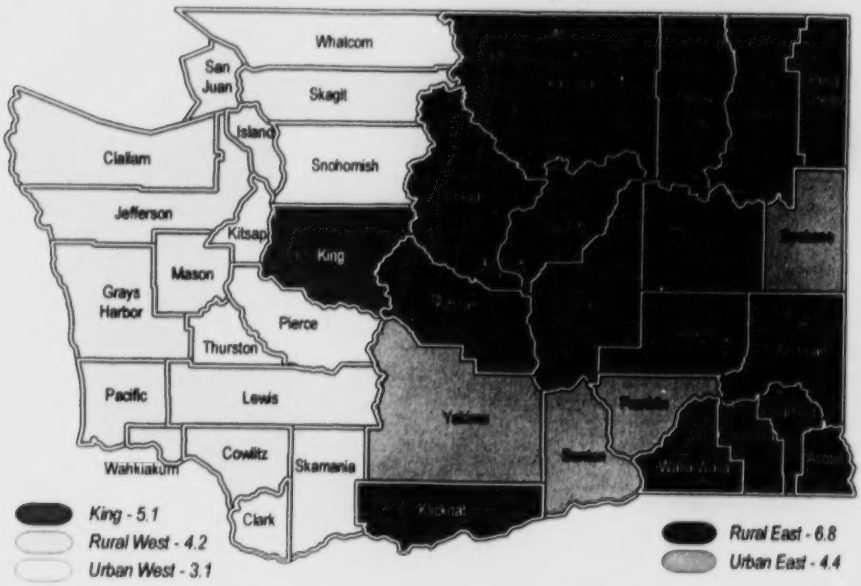
	Homeless	TANF
Marital status		
Never married	44	47
Married (living together)	17	19
Separated	25	18
Divorced	12	16
Widowed	2	1
Education		
No formal education (or missing)	4	2
1 – 6 years	2	3
7 – 9 years	10	11
10 – 11 years	27	23
High school diploma/ G.E.D.	43	46
Associates Degree	7	6
B.A. Degree or higher	*	2
Other credentials (e.g., technical)	8	8
Family type		
One-parent family	82	84
Two-parent family	18	16
Family size		
# of children per assistance unit	2.15	1.97
Age of children		
0 – 11 months	7	10
1 – 4 years	29	28
5 – 11 years	44	39
12 – 14 years	12	13
15 – 17 years	8	10
How long on TANF		
0 – 6 months	36	23
7 – 12 months	17	15
13 – 18 months	12	12
19 – 24 months	10	11
25 – 36 months	21	24
37 – 48 months	5	15

[a] Excludes TANF cases called "Child Only Cases" in which no adult in the household receives TANF benefits.

* Less than 1%.

The geography of family homelessness

The 2,529 individuals in the 750 homeless families represent about 4.3 out of every 10,000 residents of Washington State. The table below shows the estimated number of homeless families living in shelters in each region and the ratio of homeless family members to the region's general population.



* Estimates are based on weighted data.

East-West

The Eastern counties had more homeless family members per 10,000 general population (but slightly fewer per 100 TANF recipients) than did the Western counties.

Urban-Rural

The more rural counties had more homeless family members per 10,000 general population (and more per 100 TANF recipients) than did the more urban counties, with the exception of King County, which had approximately the same number of homeless family members per 10,000 general population as the more rural counties (and significantly more homeless family members per 100 TANF recipients).

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Table 2.12 Geographic distribution of homeless families

	Number of homeless families[a]	Number of individuals[a]	Homeless family members per 10,000 general population[b]	Homeless family members per 100 TANF recipients[c]
Entire state	750	2,529	4.3	1.7
Eastern counties	219	693	5.3	1.6
Western counties	531	1,836	4.0	1.8
More rural counties	181	577	5.4	1.9
More urban counties[d]	332	1,059	3.4	1.3
King County	237	894	5.1	2.9

[a] Estimates are based on weighted data.

[b] Source for general population: 2000 U.S. Census.

[c] TANF = welfare assistance program called Temporary Aid to Needy Families.

[d] Excluding King County.

Family relocations

Using the data respondents provided us on all the places where they had lived over the past year we can estimate the extent to which families moved from one community to another. For this report we provide data only on the families' interstate moves.

Over the past year the 411 families had moved 1,720 times from one place to another (4.2 moves per family on average). In 15 percent of those moves the families had relocated from one state to another. Some of these state-to-state moves were from another state into Washington, some were between other states, and some were moves out of Washington and then back in again. In total, eight percent of the 411 families had moved from another state to Washington over those past twelve months.

3 *Living Arrangements While Homeless*

Defining and measuring living places, homeless places, and homeless periods

We asked each respondent to describe in some detail every place she or he had lived during the year prior to the date of our interview (starting the same date one year earlier). Most of our residential analyses are based on these detailed one-year residential histories.

1. We define a place as any location where the family stayed one night or longer.

2. We then categorize each place as being homeless or not homeless. A place is categorized as homeless if ...

   - it was an emergency or domestic violence shelter, or
   - it did not meet minimum habitation standards (no full basic plumbing on site), or
   - it was a temporary living place, a place where the family lived 90 days or less. This third category is comprised mainly of shared living arrangements and places the respondent, considered his or her own, but stayed at rather briefly. The classification of temporary places as homeless recognizes that children need stability of living place to thrive. Especially for a child, a temporary place is not a home.

3. We then define a homeless period as an unbroken sequence of homeless places.

A family could have been homeless before arriving at the shelter, if the family had already lived at one or more homeless places before the shelter. These families would have been continuously homeless for that longer period, at those several different places.

Most families were already homeless well before they got to the shelter

Eighty percent of the families had lived at other homeless places directly before coming to the shelter. Only one in five (20 percent) had not been homeless before they came to the shelter.

Table 3.1 Number of places families lived at during their last homeless period (N = 411 respondents)

# of Places	Percent
1	20(%)[a]
2	26
3	18
4	15
5	8
6	5
7	3
8	1
9	2
10-11	1
12-19	1

[a] Includes one family that lived at the same shelter the entire past year.

Duration of current homelessness

Up to the day we met them, the families had spent, on average, 39 days at the shelter (and had not yet left there), plus 77 days continuously homeless before arriving at the shelter.

Table 3.2 Days homeless at the shelter and in other homeless places before coming to the shelter

	Avg days
Days at this shelter	39
Days continuously homeless at other places, before this shelter	77
Total days homeless, this homeless period	116

On average, the families had been continually homeless for a third of the year.

Table 3.3 Distribution of time homeless, this homeless period (N = 411 respondents)

Length of homeless period	Percent
1 week or less	4(%)
2 weeks or less	4
3 weeks or less	6
1 month or less	10
2 months or less	20
3 months or less	17
4 months or less	12
5 months or less	7
6 months or less	4
8 months or less	5
10 months or less	3
1 year or less	2
1 ½ years or less	5
Over 1 ½ years	1

Previous homelessness in past year

More than half the respondents had been homeless previously. For only 42 percent was this their first homeless experience ever.

Table 3.4 Respondents' previous homelessness (N = 411 respondents)

Previous homelessness	Percent
Never homeless previously	42(%)
Had been homeless more than once in last 12 months[a]	14
Had been homeless before last year[b]	32
Previously homeless last year and before last year	12

[a] Had two or more homeless periods separated by an 'at home' place.

[b] Homelessness before last year is discussed in the next chapter.

One in every four families (26 percent) had had more than one period of homelessness during the last 12 months. Within the last year these families had been homeless, then housed, then homeless again. Three percent had had three on-and-off homeless periods during the past year.

Table 3.5 Number of homeless periods this last year (N = 411)

Homeless periods	Percent
1	74(%)
2	23
3	3

Frequent use of shared places and other shelters

Reliance on shared places

Shared living was the families' most frequent housing arrangement in the year before coming to the shelter. Thirty-nine percent of the families came to the shelter directly from places shared with others.

Shared places comprised:

- 42 percent of all the homeless places the families had lived at during their last homeless period
- 52 percent of the homeless places lived at in previous homeless periods during the last year by those families that had had repetitive homelessness
- 20 percent of the 'at home' places (not homeless) where the families had lived during the last year. (For a shared place to be considered a 'home,' the stay there had to be over 90 days.

Table 3.6 Numbers and kinds of homeless places lived at last year

	Last place before shelter	All pre-shelter places in last hmls period	All places in earlier hmls periods in last year	All 'At Home' places in last year
Number of families	410[a]	328	108	387
Number of places	410	938	202	580
Places per family	1.0	2.9	1.9	1.5
All places	100(%)	100(%)	100(%)	100(%)
Shared places	39	42	52	20
Other shelters	22	26	16	-
Own places, solo	14	13	15	33
Own places, w/ spouse/partner	10	4	8	36
Non-habitable places	10	9	6	-
All other places[b]	5	5	2	11

[a] Excludes one family that had no last place before shelter. The family had lived at that shelter for over a year.

[b] Includes brief periods traveling, living in transitional housing, or stays in other places such as hospitals, residential care or treatment places, or jails.

Previous reliance on shelters

Shelters were the second most frequent living arrangement used by families before they came to the shelter where we met the parent. In fact, 22 percent of the families had come directly from another shelter.

Previous shelters comprised:

- 26 percent of all the homeless places those families had lived at during their last homeless period
- 16 percent of all homeless places in previous homeless periods during the year.

For every 100 admissions to the shelters where we met them, the families had had 68 other shelter admissions previously during the past year.

Table 3.7 Use of shelters over the past year

	Number of shelter stays	Avg shelter stays per family
All shelters lived at over the past year	690	1.68
Shelter where we met the family	411	1.00
Previous shelters lived at over the past year	279	0.68

Lengths of stay at previous shelters

The families' stays at previous shelters were fairly brief for the most part: half of the families stayed for three weeks or less. The average length of stay at previous shelters was 39 days.

Table 3.8 Lengths of stay at previous shelters (N = 279 previous shelter stays)

Length of stay	Percent
All	100(%)
1 week or less	29
2 weeks	12
3 weeks	10
1 month	16
2 months	20
3 months	6
4 - 6 months	3
7 – 12 months	2
Over a year	1

At the shelter where we interviewed them, few families had stayed anywhere near the three-month maximum commonly specified by the funding agencies. Only 6 percent of the families had stayed over three months. Of course, at the time of the interview the families had not yet left the shelters.

Reasons for leaving previous places

Respondents gave a wide range of reasons for having left each place where they had lived during the last year. No one reason was given very frequently. The most common reasons for leaving a place of their own or one that they shared with a spouse or partner were:

- Could not pay the rent
- Moved to other community
- Left spouse/partner

Table 3.9 Reasons given most frequently for leaving one's own place[a] (N = 374 own places, 305 places shared with spouse/partner)

	Reason for leaving a place of one's own (i.e., without a spouse/partner)	Reason for leaving place shared with spouse/partner
Could not pay the rent	17(%)	14(%)
Lost job	3	3
Moved to other community	12	10
Got into a shelter	11	
Left Spouse/partner due to abuse or violence	4	19
Left Spouse/partner for other reasons		8
Owner/mgr told us to leave, for non-$ reason	6	
Owner/mgr told us to leave, due to conduct		5
Got a better place	5	
Place was/became not livable	4	
Did not like the place, neighbors, neighborhood		4
Place unsafe	3	1

[a] More than one reason can be given by each respondent; percentages are out of all reasons given.

Efforts to find permanent housing

Most respondents said they had recently looked for permanent housing. The most frequently mentioned efforts were:

- Looking for affordable housing
- Contacting local Housing Authorities regarding Section 8 or public housing
- Applying for permanent or transitional housing, now waiting

Table 3.10 What respondents were doing most often to find a permanent place to live (N = 411 respondents)

	Percent
Looking for affordable housing	53(%)
Contacting local Housing Authority re Sec 8 or public housing opportunities	48
On wait list, or have applied for permanent or transitional housing	36
Checking at welfare office re housing money	15
Found place. Waiting to get in	10

Problems finding housing

The most frequently mentioned problems in finding a permanent place to live were

- Bad credit or housing history
- No money to pay deposits, security, application fees, or credit checks
- No money to pay rent
- Cannot find suitable affordable private place
- No stable job or income

Not having enough money is a common thread behind these reasons, but lack of money alone does not explain why most families on welfare have permanent places to live, while some do not. The single most frequently mentioned problem in finding housing, 'Bad credit or housing history,' for some families may indicate issues besides a lack of money.

Only infrequently did families mention landlords not wanting to rent to them (7 percent), transportation problems (5 percent), or family size (4 percent) as impediments to finding permanent housing.

Table 3.11 Problems respondents encountered most often in finding a permanent place to live (N = 411 respondents)

	Percent
Bad credit or housing history	42(%)
No money to pay deposits, security, app fees, credit cks	42
No money to pay rent	36
Cannot find suitable affordable private place	27
No stable job or income	20

4 Prior History of Homelessness and Foster Care

In addition to examining the residential history of homeless families over the twelve months preceding our interview, we asked respondents about periods of homelessness they may have experienced before the last year. We also asked about whether respondents lived in foster care when they were younger.

Homelessness before last year

Forty-four percent of the respondents reported having been homeless at some time before the year immediately preceding our interview. These respondents had been homeless 1.7 previous times on average over their lifetimes. In most of these earlier homeless periods the respondents had one or more of their children with them.

Ages when previously homeless

In most (78 percent) of the homeless periods that occurred before the last year the respondent was already an adult (18 or older). They had been children (through age 14) in 11 percent of their past homeless periods, adolescents (15-17) in the remaining 11 percent.

Table 4.1 Respondent's age at start of past homeless periods (N = 297 past homeless periods for 179 respondents)

Respondent's age	Percent of all past homeless periods
All	100(%)
0-14	11
15-17	11
18-20	15
21+	63

Where respondents had lived when previously homeless

When respondents were homeless as children or adolescents, they had lived mostly at shared places and places not meeting minimal habitation standards. As young adults they had lived most frequently at shared places, shelters, and places not meeting minimal habitation standards. When homeless as adults, usually with children now, they relied much more on shelters, though they still lived at shared places to some degree. Also as

adults, usually with children, they relied less on places that did not meet minimum habitation standards.

Table 4.2 Places where respondents stayed during past homeless periods

Age when homeless	Number of respond-ents	% at own place	% with spouse/ partner	% at shelter	% at places not meeting min habitation standards	% at shared place	% at all other
0-14	64	6(%)	0(%)	16(%)	30(%)	39(%)	9(%)
15-17	61	10	2	8	38	33	10
18-20	71	7	1	25	25	37	4
21+	281	6	2	42	18	26	5

With whom respondents had lived when previously homeless

As homeless adolescents, respondents lived most often alone. Even as homeless children, through age 14, they reported living alone 42 percent of the time and with adults 52 percent of the time. Living as a homeless family, together with their own children, began appreciably around age 18. By age 21, respondents with prior periods of homelessness had lived with their own children in most (74 percent) of their homeless periods.

Table 4.3 Persons with whom respondent lived during past homeless periods

Age when homeless	Number of respondents	% lived alone	% lived with adults	% with own children	% with others' children
0-14	33	42	52	6	-
15-17	32	63	31	6	-
18-20	46	39	20	39	2
21+	186	19	6	74	1

Respondents' use of foster care as a child

Research has repeatedly found that a high proportion of homeless parents had lived in foster care as children.[7] For example, 25 percent of homeless adults interviewed in a recent national survey of homeless people reported living in foster homes (or group homes) when they were children.[8] Our study has found similar results. A quarter (26 percent) of the adults we interviewed told us they had lived in foster or group care as a child.[9] The median time in foster care was slightly over one year, with 56 percent living in foster care for more than one year, 13 percent for just a year, and 33 percent less than a year.

Table 4.4 Respondents who lived in foster or group homes when they were children

Proportion who lived in foster or group homes (N = 371 respondents)	
Had lived in a foster or group home	26(%)
How long they had lived there (N=84 respondents)	
Total who had lived in foster or group home	100(%)
10 years or more	6
5 to 9 years	14
2+ to 4 years	18
1+ to 2 years	18
1 year	13
3 months to 1 year	11
1 to 2 months	8
Under 1 month	12

[7] For summaries, see Bassuk, E.L., J.C. Buckner, L.F. Weinreb, A. Browne, S.S. Bassuk, R. Dawson, and J.N. Perloff. 1997. "Homeless in Female-Headed Families: Childhood and Adult Risk and Protective Factors." *American Journal of Public Health* 87(2): 241-48.

[8] Burt, M.R., L.Y.Aron, T. Douglas, J. Valente, E. Lee, and B. Iwen. 1999. *Homelessness: Programs and the People They Serve. Findings of the National Survey of Homeless Assistance Providers and Clients.* Washington, D.C.: U.S. Department of Housing and Urban Development.

[9] Being in foster care, *per se*, is not presumed to be the cause of homelessness for these individuals, but antecedent factors may contribute to both.

5 *Access to Welfare, Food, and Medical Assistance*

Sources of money since homeless and access to welfare funds and food assistance

Government cash benefit programs were by far the families' most frequent source of money since they had become homeless. Seventy-seven percent of respondents said they had received government cash benefits at some time since they became homeless. Two-thirds (67 percent) of all the families said they were getting government cash assistance at the time of interview. Benefit data from administrative welfare records is presented on the next page.

Forty-four percent said they had earned money from paid work since homeless; 22 percent said they had gotten money from family. The TANF program (formerly known as AFDC) was by far the most frequent source of government cash assistance. Sixty-five percent of all respondents said they had gotten TANF funds at some time since they became homeless.[10] The other frequently mentioned sources of government cash benefits were the various federal and state-funded disability income programs, most often Supplemental Security Income (SSI) or General Assistance (GA).

Table 5.1 Most common sources of money since homeless, reported by respondents (N = 405 to 411 respondents per item)

	Percent using this source of money
Gov't income assistance or disability payments	77(%)
Gov't income assistance (welfare) payments	73
Gov't disability payments [a]	12
Paid work	44
Family	22
Friends	12
Child support	11
Savings	9
Unemployment insurance	3
Don't know	< 1

[a] Most families that got a disability grant also got an income assistance grant.

[10] TANF stands for Temporary Aid for Needy Families; AFDC represents Aid to Families with Dependent Children.

Availability of food

Most (78 percent) of the families said they now used a Quest card or Food Stamps. (A Quest card is a debit card for drawing on one's government cash grant and Food Assistance funds.)

Table 5.2 Help in getting food (N = 395 to 410 respondents per item)

	Percent using this source of food assistance
Now have Quest card or Food Stamps	78(%)
Now get food through WIC program	33
Used meal program or food bank since coming to shelter	48

Some 8 percent of respondents told us that since arriving at the shelter their children had skipped at least one meal due to a lack of food.

Cash assistance and food stamps based on DSHS records

DSHS electronic record s on cash assistance and receipt of food stamps provided more detailed information for a longer time period than we could conveniently ask about during our interview. We obtained permission to look at these records from 81 percent of the respondents and children living with them at the shelter and found records from the DSHS Automated Client Eligibility System (ACES) for 98 percent of these individuals. This allowed us to analyze administrative data over a 36-month period from January 1998 through December 2000 for 979 of the adults and children staying at the shelters.

For certain questions we could compare the administrative data to the respondents' answers, and, when we did, we almost always found a high degree of correspondence. For example, on the day of our interview, 65 percent of the respondents told us that their family had received TANF benefits sometime since their most recent homeless period began. Checking TANF records, we found exactly the same proportion—65 percent—had received benefits in at least one month during that interval.

In the year before they became homeless (in their current period of homelessness), 58 percent of the adults and children living at the shelter had received TANF benefits in at least one month. Among these families, TANF was received, on average, for 7 months of that year. Once the respondent and her children became homeless, the proportion who received TANF in at least one month rose: 65 percent by the date of our interview and 80 percent by the end of 2000, a follow-up point roughly three to five months after the interview. When we considered other forms of cash assistance as well (e.g., various general assistance programs, diversion, Consolidated Emergency Assistance Program (CEAP), and refugee assistance), the percentages were slightly higher, so that 59 percent had received some form of cash assistance (excluding emergency housing assistance under the AREN program) in the year before they were homeless, 67 percent by our

interview, and 83 percent by the end of 2000. As a result, 17 percent had not received any public cash assistance from the time they became homeless until the end of 2000.

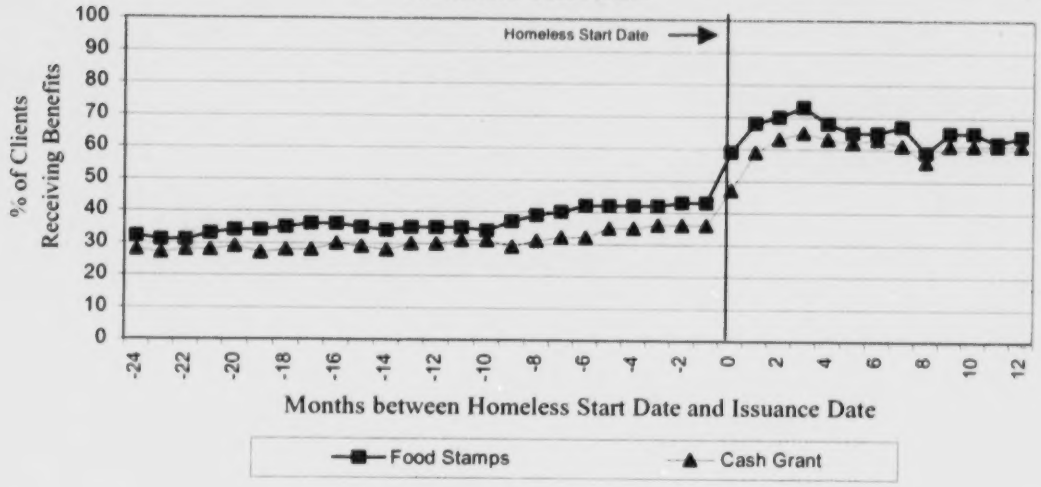
Food stamps were received by a higher proportion of families in each period. In the year before they became homeless, 70 percent of the adults and children had gotten food stamps in at least one month (and usually more months), 72 percent between the onset of homelessness and the month of interview, and 89 percent by the end of 2000. Thus, 11 percent of the respondents and their children had not received food stamps at any time between the month they became homeless and December 2000, a point at least three months after the interview at the shelter.

Table 5.3 Receipt of public assistance based on DSHS records (N = 979 adults and children)

	Percent receiving assistance		
	TANF	TANF or other cash assistance	Food stamps
In any month...			
During 12 months before homeless	58(%)	59(%)	70(%)
From homeless start to interview	65	67	72
From homeless start to Dec 2000	80	83	89

Using DSHS electronic data, we could also look at the proportion of adults and children who were receiving any form of cash assistance or food stamps in each month both before and after the onset of the most recent homeless period. About 30 percent of these clients received cash assistance in any given month for most of the two years before they became homeless. This percentage rose slightly to roughly 35 percent in the four months just before the families most recently became homeless. In the month the family became homeless, about 45 percent of the family members received cash assistance. In most of the 12 months after homelessness began, the percent of families getting public cash assistance hovered above 60 percent. Food stamps were received by a slightly higher proportion of clients in each month.

Graph 5.1 Receipt of Public Assistance in Months Before and After Homeless Start Date



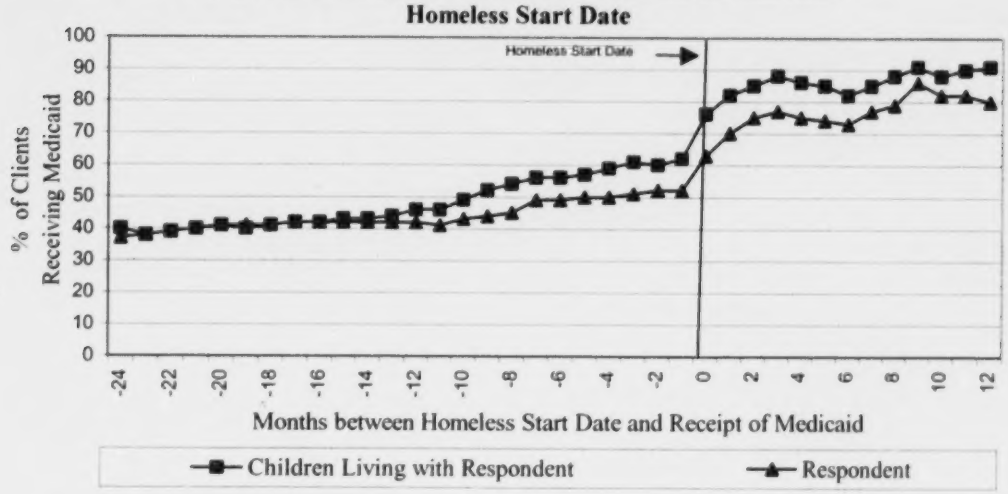
The rise in the percentage of families receiving assistance may reflect the seriousness of the families' needs, the efforts of staff from shelters and Community Services Offices to help families apply for and receive benefits for which they were eligible, and the parents' perseverance in obtaining assistance for themselves and their children.

Medical Assistance

Over the course of the 36 months for which we reviewed DSHS data (January 1998 – December 2000), 93 percent of the respondents and 96 percent of the children were on Medicaid at some point in time. Of those on Medicaid, 89 percent of respondents and 92 percent of children received it for 6 months or longer , with 11 percent of respondents and 18 percent of the children receiving it for the full three-year period.

In the year or so before becoming homeless, only about 40 percent of respondents or their children were Medicaid recipients in any given month. This proportion rose gradually in the months preceding the beginning of their most recent homeless period. By the month they actually became homeless, 63 percent of the respondents and 76 percent of the children were Medicaid recipients. Percentages continued to increase after the family became homeless. A year later, 80 percent of the respondents and 91 percent of the children were on Medicaid in an average month.

Graph 5.2 Receipt of Medicaid in Months Before and After Homeless Start Date



Contacts with CSOs

Most of the respondents were in contact with state welfare offices: 97 percent had been to a Washington State welfare office at one time or another; 73 percent had been to a CSO since they became homeless.

Few families said they were not getting welfare benefits

Only three percent of all respondents said they had never been to a CSO in their lives. In addition, four percent of respondents who had been to a CSO at some point in their lives said they were not getting income assistance or Food Stamps at the time of the interview and had not gone to a CSO to talk about money or Food Stamps in the last year.

We asked this small group of 25 respondents why they had not gone to a CSO to ask about benefits since they had become homeless. There were no common explanations. Half the group indicated that someone had suggested they go to a CSO and ask about benefits, but they had not gone.

Table 5.4 Explanations why some respondents had not gone to a CSO to ask about benefits (N = 25 respondents)

Reasons	Number of mentions
Just moved to Washington	5
Believe we are not eligible	4
Had applied, found ineligible	4
Will not take welfare	3
Do not know how (to apply, to get there . . .)	3
Too difficult, have not got documents . . .	2
I do get income assistance	2
I'm working	2

A somewhat larger 15 percent of all respondents said they had visited a CSO but still were not getting welfare or Food Stamps. We asked them what happened when they went to the CSO. Only one or two outcomes were reported with any frequency. Thirty percent said they did get income assistance or Food Stamps for a while, and 18 percent had applied for income assistance or Food Stamps.

Table 5.5 What happened when non-benefiting families inquired at a CSO about benefits (N = 50 respondents)

What happened	Number of mentions
Got income assistance or Food Stamps for a while	15
Applied for income assistance or Food Stamps	9
Told not eligible for grant	3
Gave me a hard time	3
Did not complete application process	2

The main welfare application problems cited by the CSO administrators and staff we interviewed were the family's difficulty in providing needed documents (e.g., birth certificates, social security cards, etc.), communicating with homeless families, and, to a lesser degree, families' follow-through in completing the eligibility process. Over forty percent indicated that the lack of needed documents (often to establish eligibility for benefits) was the biggest obstacle, 35 percent said communication, and 19 percent prompt follow-through.

In addition to these problems, CSO administrators and staff indicated that survivors of domestic violence had the added problem of maintaining confidentiality and the related issues of safety and fear. These issues created difficulties in the welfare application process. Fifty-nine percent of CSO administrators and staff cited this obstacle

specifically for domestic violence survivors, but only four percent indicated that it was the most serious barrier to welfare access for homeless families overall.

Table 5.6 Most serious barrier to homeless families receiving the benefits they are eligible for, according to CSO administrators and staff (N = 26 CSOs)

Most serious barriers	Percent citing this problem
Have not got all necessary documents	42(%)
Hard to communicate by letter or phone	35
Do not follow through promptly on what they need to do to complete the eligibility process	19
Confidentiality or safety issues, or fear	4

Several of the CSO administrators and staff that we interviewed indicated that communication with homeless families having no telephone or mailing address was a major problem. We asked them how they did communicate with homeless families. The most frequent responses we received were: through friends or family (59 percent), by sending mail to the shelter they were staying at (52 percent), and via mail drops (44 percent).

We also asked shelter providers if their shelter tried to help families obtain welfare benefits. Eighty-four percent of providers reported that one of their program's services was to help families get the welfare funds for which they are eligible. On average, providers estimated that 69 percent of families not already receiving cash benefits when they arrive at the shelter will apply while staying there, and, of those, 87 percent will succeed in obtaining benefits.

Sixty-one percent of providers reported that even with their urging, some families decline to apply for cash benefits. The most frequently cited reason was that they do not want to accept welfare. However, 44 percent of providers reported that even parents who would not apply for cash benefits would apply for food stamps, and 54 percent said that those families would also apply for Medicaid eligibility for their children.

As was the case with the CSO administrators and staff that we interviewed, the barrier to welfare access most frequently cited by shelter providers was lack of documentation on the part of the families (cited by 46 percent of the providers we interviewed). Other frequently cited problems were: the slowness of the application process (cited by 36 percent), the unfamiliarity of CSO staff with benefits for homeless families (31 percent), the failure of staff to expedite these cases (31 percent), and long waits at the CSO (30 percent).

Sanctions

Welfare clients may have their benefits reduced or suspended for failure to comply with certain conditions of participation in WorkFirst or for non-cooperation with Child

Support Programs. Specifically, sanctions can be used when TANF recipients do not attend WorkFirst training, look for work, or perform other activities that were part of one's individual responsibility plan (IRP) in the WorkFirst Program. Also, a client may be sanctioned for non-cooperation with the child support program for such things as failing to provide information needed to locate an absent spouse who could provide child support. No sanction would be imposed if the parent receiving benefits cooperates but the absent parent does not.

In this study we investigated the extent to which respondents to our survey were sanctioned compared to other TANF recipients. We did not investigate any other action such as the actual termination of TANF benefits that a case worker might take if a client failed to meet TANF requirements (e.g., failure to provide eligibility information). Therefore, our analyses may underestimate the disruption to TANF benefits that may occur due to problems recipients have in meeting eligibility and participation requirements.

We looked at DSHS administrative records for a subset of 246 of the 327 respondents who gave us permission to look at their records. Our review of sanctioning data was restricted to a readily available extract from the Automated Client Eligibility System (ACES) for October 1998 through December 2000 which was used by the Research and Data Analysis Division to construct federal WorkFirst participation rates. We also restricted our analyses to respondents who had received TANF in at least one month in this 27-month period. Finally, we limited our analyses to those respondents whose homeless start date began in December 1998 or later so that we would have a comparable six-month period for measuring sanctioning rates for each respondent (i.e., two months before the start of their most recent period of homelessness through three months after).

A higher proportion of homeless respondents were sanctioned compared to TANF recipients.[11] Specifically, 39 out of 246 (16 percent) of the homeless respondents who met the criteria described above were sanctioned in one or more month of the six-month period encompassing the start of their most recent homeless period compared to 10 percent of TANF recipients in rolling six-month intervals during 2000, a statistically significant difference based on a t-test of the difference between proportions ($p < .05$). On average, the homeless respondents were sanctioned for 2.3 months (usually consecutive) out of the six-month period, about half of these families before the onset of homelessness and half after. Among the sanctioned homeless families, about half were due to non-compliance with WorkFirst and half due to non-cooperation with Child Support Enforcement. Only 4 of the 39 families were sanctioned for both reasons.

Administrators and key staff at nearly two-thirds (63 percent) of the CSO where we conducted interviews said that they try to avoid or delay sanctions for homeless families. Further investigation is warranted to understand why homeless families appear to be sanctioned at a higher rate than TANF families in general, despite the CSO staff's reported efforts to avoid or delay such sanctioning.

[11] SOURCE: Department of Social and Health Services, Automated Client Eligibility System (ACES), CARD extract.

To better understand the circumstances under which sanctions are imposed for homeless families, we read the detailed caseworkers' notes recorded in the ACES information system for over thirty of the Assistance Units headed by respondents. The ACES records include narrative notes that case workers enter to document the process through which decisions are made about eligibility and benefits and to record any irregularities that the workers deem notable. They include documentation on the imposition of sanctions. We looked at the caseworkers' notes from about 30, or roughly half, of the Assistance Units in which the respondent was sanctioned between October 1999 and December 2000, a period that included their homeless periods and, in most cases, several months before and/or after the family became homeless.

While the caseworkers' notes are often very detailed, the data contained therein depend upon the judgment of the individual caseworkers. For example, some narratives explicitly mention the mailing of required pre-sanction warnings, while other narratives do not. Sometimes subsequent notes make it clear that such notices were indeed sent, sometimes they clarify that notices were mistakenly not sent, sometimes there is no reference whatsoever. Because of such differences in the content of the narratives, and the small number of cases in which sanctions were imposed, we did not attempt a quantitative analysis of the data. Also, we did not select a comparison group of non-homeless TANF families. The narratives do provide insights into how sanctions are imposed in individual cases and permit some general observations about the process.

Sanctions were for one of two reasons:

1. Non-compliance with WorkFirst requirements, usually failure to attend appointments or job-search workshops, but also for not participating in job hunting, not providing documentation in a timely manner, or similar reasons
2. Non-cooperation with the Department of Child Support in securing financial support from absent parents, failure to show up for appointments on a repetitive basis, lack of communication, and failure to provide needed documents.

In only four of the 39 sanctioned cases, the homeless respondent was sanctioned for both of these things, either concurrently, or in different months. When a sanction is imposed and goes into effect, it applies only to the non-compliant member (whose share of the benefits is decreased by some dollar amount), which results in a decrease in the total grant level of the Assistance Unit.

A common pattern we observed in the narratives is for a recipient to receive a pre-sanction notice after missing one or more WorkFirst screening appointments or job search workshops. A new appointment is then scheduled and the recipient is warned that failure to attend will result in a sanction. Sanctions are imposed, often only after a repeated pattern of missed appointments is established, and benefits are scheduled to be cut at the beginning of the following month. The recipient is given the opportunity to rectify the situation by rescheduling the missed appointment(s) and then following through with a job search. If the recipient does so, their benefits are not reduced. For

those recipients whose benefits have been cut, they can have the sanction reversed by participating in WorkFirst activities for two consecutive weeks.

In some cases, though, it appears that sanctions were imposed immediately after one missed appointment, apparently without a pre-sanction warning letter being issued. Occasionally, the caseworker later noted that they cancelled the sanctions because of their failure to give such a warning. Later, once notices were sent, sanctions were re-imposed if the recipient was still out of compliance.

In a small number of the cases it appeared that the caseworker was exercising subjective judgments that appeared, based on the record, to be somewhat capricious. In contrast, in many cases caseworkers appeared to bend over backwards to avoid imposing a sanction on homeless individuals with young children. In some cases, there was an explicit reference to a sanction being cancelled due to such circumstances, a statement that such an individual was exempted from sanctions, or a clear indication in the narrative that a supervisor's review was required before such a sanction could be imposed. In at least one case, the narrative documented that a recipient's WorkFirst requirements were adjusted in response to a shelter provider's complaints. The provider complained that the recipient should not have been required to participate in a job search while homeless and looking for housing, and the sanction was dropped.

Ratings of CSO workers

Respondents by and large gave their CSO workers high ratings. Respondents who had been to a CSO in the last year were four times more likely to rate their last worker as "Very Respectful" than "Very Disrespectful." Respondents who had talked with a CSO worker specifically about their housing problems gave similarly high ratings.

Table 5.7 Ratings of CSO workers by all respondents who had ever been at a CSO

	By respondents ever at a CSO	By respondents who talked with a CSO worker about their housing problems
Number of respondents	374	507[a]
Rating		
Very respectful	49(%)	45(%)
Somewhat respectful	18	18
Not one way or the other	10	14
Somewhat disrespectful	10	11
Very disrespectful	13	12
Do not know	< 1	
Ratio of Very respectful to Very disrespectful	3.9	3.8

[a] Respondents who talked to two or more workers rated each of them.

When shelter providers were asked to rate the helpfulness of CSO workers, just over half (52 percent) said that CSO staffs were either always or usually helpful, while a third (33 percent) said they were sometimes helpful, sometimes not. Fourteen percent complained that CSO workers show a lack of understanding or are indifferent to or extra-critical of homeless families. We asked shelter providers what changes in CSO operations would most help families to receive the benefits for which they are eligible. The most frequently mentioned reasons, each cited by 40 percent or more of the shelter providers, were: assign homeless family cases to specialists, speed up the processing of applications, and show more understanding of homeless families' problems.

Training for CSO workers

As part of the state's Homeless Families Plan, all CSOs were required to train their staff in working with homeless families. All staff had received the Homeless Families Training at 89 percent of the CSOs where we interviewed. At the remaining CSOs some of the staff had been received this training, but not all. When asked how useful the training was, over three-quarters of those who provided an assessment of the training said it was useful.

Expediting services for homeless families

Most CSO administrators and staff (85 percent) indicated that their CSOs gave homeless families priority or expedited service when the families were first applying for welfare benefits.

6 Access to AREN Funds to Help Cope with Housing Emergencies

Background

Washington State's TANF program, in addition to providing regular monthly cash grants, may provide supplemental grants to help families cope with non-recurring financial emergencies. Most of these "AREN" (Additional Requirements for Emergent Needs) grants go to help families facing housing emergencies.

The client discusses their problem with a CSO worker, who, following AREN guidelines and sometimes after consulting with their supervisor, decides whether to issue a grant, for what purpose and for how much. Payments are generally made to a third party, most often to a landlord or utility company.

Use of AREN based on DSHS administrative records

We examined the DSHS records for the 327 respondents who gave us permission to look at their administrative records. Overall, in the three-year period from January 1998 through December 2000, nearly half (49 percent) of the respondents had received at least one AREN payment. AREN was received by 20 percent of the respondents at least once in the 12 months before they became homeless. For a few families AREN was received more than once. After the most recent period of homelessness began, 15 percent had received AREN by the time of the interview and 32 percent by the end of 2000. The percentage receiving AREN increased in the three- to five-month period after we met the respondent at the shelter. The increase may reflect efforts by the respondent, shelter staff, and CSO workers to help remedy the families' housing situation.

Table 6.1 Respondents who got AREN based on DSHS records (N = 327 respondents)

Time period	% Receiving AREN
12 months before homeless	20(%)
From homeless start to interview	15
From homeless start to Dec 2000	32
From January 1998 to Dec 2000	49

What families reported about getting AREN

Most families (86 percent) told us they had talked with a CSO worker about their housing problems. Following these discussions, CSO workers provided a variety of assistance. Some 12 percent of the discussions led to the respondent getting a welfare grant, and 14 percent led to the respondent being referred to shelter or housing services.

Table 6.2 What happened when respondents told CSO workers that their family was about to be homeless or was already homeless (N = 526 replies made by 383 respondents)[a]

Outcomes	Percent
Someone at the CSO then told them that emergency housing money might be available	31(%)
So what happened?	
Got emergency housing money	9
Got welfare money	12
Applied for welfare	7
Applied for emergency housing money	4
Told me to apply but I have not	2
Told me not eligible for emergency housing money	5
Told me not eligible for welfare	6
Gave me a hard time	7
Offered to help get me an apartment	10
Referred me to shelter or housing services	14
Got or qualified for Food Stamps or medical	7
Scheduled an appointment or told to wait	5
Updated my records	3
Offered other assistance	4
Nothing	5

[a] Respondents who talked with two or three CSO workers contributed multiple replies.

Of the relatively few respondents who had not talked with a CSO worker about their family's housing problems but had spoken to someone else (e.g., social agency worker, a friend or family member) over half (58 percent) said that person had not told them about the possibility of getting emergency housing money from the CSO. The remaining respondents said they had been told that housing funds might be available at a CSO, but they still had not gone to a CSO to inquire.

According to the respondents, 31 percent of the CSO workers with whom they discussed their housing problems mentioned the possible availability of emergency housing money. Fifteen percent of the families who discussed their housing problems with CSO staff said they got an AREN grant since their housing situations had become difficult.

Table 6.3 Number of emergency housing grants reportedly received since family's housing situation became difficult (N = 383 respondents)

# of AREN grants	100%
No grant	84(%)
1 grant or more	15
1 grant	13
2 grants	2
3 grants	1

Shelter providers' estimates about how many families get AREN

Shelter providers, on average, estimated that less than half (44 percent) of the families they serve apply for AREN grants. Of those who apply, 65 percent do eventually get a grant. Taken together, this would result in less than a third of homeless families served by shelters actually getting AREN at some point after they reach a shelter, with the greatest loss due to the relatively low rate of families who apply.

Since we interviewed respondents at various points in their shelter stays—some quite soon after their arrival there and some much later, the period of reference in the family interview for questions about getting AREN was somewhat truncated. Data from DSHS records discussed above revealed that the proportion of families getting AREN rose after we interviewed them. This may suggest that if a family staying at a shelter finds suitable housing, they may then obtain AREN to help them secure a place to live. Also, interviews with shelter providers indicated that their staff actively try to help families obtain assistance from programs like TANF and AREN. Thus, the information provided by providers represents their experience with families who receive shelter services (and assistance finding housing and getting AREN) over the long haul while information provided by respondents to our survey necessarily represents a shorter time frame.

CSO staff reports on the use of AREN

We also discussed the issuance of AREN at each CSO we visited. All of the CSO administrators and staff we interviewed indicated they routinely issue emergency AREN grants. They reported that half of the emergency grants during the prior twelve months were given to help families avoid losing their housing. Of the remaining emergency grants, they said most were given to families who were already homeless to help them get into permanent housing, resulting in about 33 percent of all grants. The CSO staff reported that nine percent of AREN grants were used to help families live in shared housing, and seven percent were used to pay for temporary housing.

Table 6.4 Purpose of emergency housing grants, according to CSO administrators and staff (N = 27 CSOs)

Purpose of emergency housing grants	% of emergency housing grants
To prevent families from losing their housing	50(%)
To help homeless families get new permanent housing	33
To help families live in housing shared with other people	9
As motel/hotel vouchers or other temporary arrangements	7

CSO administrators and their staff indicated that AREN funds accounted for the lion's share of emergency housing grants. Most CSOs also mentioned two other funding sources for emergency housing grants to help homeless families: work readiness "JAS" funds (reported by 74 percent of the CSOs) and TANF diversion cash assistance funds (reported by 78 percent).

Changes in AREN policies

From July 1999 through July 2000, AREN policies were liberalized somewhat since funding increased. Beginning in August 2000, due to budget constraints, policies were again tightened (e.g., reinstated the once-a-year limit for receiving AREN).

According to 63 percent of the CSO administrators and staff, the main expansion in their use of AREN funds during the time when funds were more liberally available, was to make higher payments. The most frequently mentioned effects of the subsequent tightening were: (1) AREN payments would be limited to once a year (cited by 63 percent) and (2) the amount of payments would be reduced (cited by 33 percent). Thirty-three percent of CSOAs recommended relaxing the once-a-year rule. In a number of interviews the staff reported trying to work with families to avoid using AREN to cover a problem with a small dollar amount (e.g., a utility payment), particularly if the family was having problems that might require larger payments later on. Staff indicated that the once-a-year restriction limited their ability to help families with intermittent problems.

Use of motel vouchers

Seventy percent of the CSO administrator and staff interviewed indicated that their CSOs had provided motel vouchers during the preceding twelve months, but most (63 percent) said they had given out relatively few vouchers.

At the CSOs where their staff had provided motel vouchers to homeless families on a regular basis, they had given them to 47 families, on average, over the past year. The average stay was seven nights, and the average cost was $48 per night ($300-$350 per stay). Most of the time, the CSO staff located the motel and arranged the payments.

7 *Employment, Child Care, and WorkFirst Participation*

Recent work history

Many respondents or spouses/partners had worked occasionally since becoming homeless, but few worked regularly, according to the parents we interviewed. Since becoming homeless, 39 percent of the respondents and 73 percent of the spouses/partners had done some work for pay. In the week prior to the interview, however, only 15 percent of the respondents and 44 percent of the spouses/partners had worked 20 hours or more.

Table 7.1 Proportion of respondents and spouses/partners doing paid work (N = 408-411 respondents, 114 spouse/partners)

	Respondents	Spouse/partners
Percent who worked for pay since becoming homeless	39(%)	73(%)
Percent who worked regularly since becoming homeless	15	35
Percent who last week worked 20 hours or more	15	44
For latter group: Hours worked last week	26.7 hrs	30.8 hrs

Reasons for not working full time

For respondents or spouses/partners who had worked under 20 hours last week, we asked for the reasons for not working full-time. The reasons respondents gave most frequently for themselves or for their spouse/partner were:

- They were disabled, ill, or in treatment or counseling (30%)
- No permanent address or phone number (21%)
- Could not find child care (21%)

Education and job training

Educational backgrounds were very similar for respondents who had worked 20 hours or more last week and those who had not. In both groups, 39 percent had not finished high school and had no equivalence certificate. Respondents who worked 20+ hours tended to have somewhat more technical or job training.

Table 7.2 Respondents' education and job training (Ns = 51 respondents working 20+ hours, 360 working less)

	Worked 20+ hours last week	Worked less or not at all
Finish high school or have GED	61(%)	61(%)
No classes beyond high school	55	52
Some classes, did not finish program	24	25
Finished community college or went on	18	18
Been in a technical or job training program	55	40

DSHS-paid child care

To gain a better understanding of how much support respondents had to enable them to work, we examined their DSHS records on child care payments. Child care is paid from various sources of money which were administered by either DSHS's Children's Administration or Economic Services Administration during the time period for which we looked at these services.[12]

Between July 1998 and December 2000, 58 percent of respondents had received child care support in at least one month through programs administered through either Children's Administration or Economic Services Administration. On average, these services were provided for about seven out of the 30 months. The programs supported by Children's Administration at the time of the interviews in mid-2000 were for seasonal workers, teen parents, parents working with Child Protective Services or Child Welfare Services (CPS/CWS), employed foster parents, and adoptive parents and were for various purposes ranging from supporting employment (e.g., for farm workers) to providing respite for families in times of stress (CPS/CWS program). Child care through the Economic Services Administration was to support employment, training, and job search activities by employed parents who were on TANF and parent who were not on TANF but who qualified for this type of support. In addition, food stamp recipients who are not employed but looking for work were provided child care services.

State WorkFirst participation rate

The Washington State WorkFirst participation rate for respondents during their month of interview was calculated using DSHS data for respondents who gave us permission to view their records and who were on TANF during that month.[13] The state participation rate reflects the number who are participating relative to the total number considered ready to participate. A person is considered to be participating in WorkFirst if they are

[12] We used data from the Client Services Database which was constructed by the DSHS Research and Data Analysis Division from administrative databases throughout the agency. Since this database contains records for July 1998 forward, we used data on our respondents for July 1998-December 2000.

[13] DSHS records could not be examined for spouses or partners since we did not obtain permission to look at the records for anyone but the respondent and his or her legally dependent children.

working 20 or more hours per week, employed in a work study position for 16 or more hours per week, looking for work, preparing for work, or under a short-term sanction (three months or less).

TANF recipients are exempt or deferred from participation in work-related WorkFirst activities for various reasons, especially those that represent significant barriers to employment. They are exempt if they are caring for an infant under three months. They are deferred if they are engaging in treatment or temporarily incapacitated, caring for a child with special needs or an incapacitated adult (with no alternative care available), developing parenting skills or working on family planning, pursuing other benefits (e.g., with another agency or with tribal authorities), engaged in family violence interventions, or resolving issues related to homelessness.

Similar proportions of homeless respondents (on TANF) and TANF recipients overall were considered ready to participate in WorkFirst: 75 percent of homeless respondents in the month of our interview and 72 percent of TANF recipients in August 2000 (a month midway through our interview period). Of these, the WorkFirst participation rates were 58 percent for homeless respondents and 93 percent for TANF recipients.

Table 7.3 Participation in WorkFirst by homeless respondents and TANF recipients (Percents are based on 190 homeless respondents in month of interview and 26,373 TANF recipients in August 2000 who were ready to participate in WorkFirst.)

Ready to participate in WorkFirst	Homeless respondents	TANF recipients
WorkFirst participation rate	**58(%)**	**93(%)**
Working	19	40
Looking for work	19	22
Preparing for work	13	22
Short-term sanction (3 months or less)	6	9
Ready but not participating	**42**	**7**
No countable activity	37	3
Referral only	3	3
Long-term sanction (more than 3 months)	2	1

SOURCE: DSHS JAS Rreporting System

Homeless respondents were less likely than TANF recipients in general to be working (19 versus 40 percent) or preparing for work (13 versus 22 percent). In contrast, homeless respondents considered ready for work were more likely to be listed as having no countable activity (37 versus 3 percent). This latter difference may reflect homeless families who had not yet contacted their case managers to inform them of their homeless situation and their need to obtain a deferral while they were looking for housing.

Sanctioning rates for non-compliance with WorkFirst requirements were at fairly similar levels among homeless respondents and TANF recipients. In contrast, a finding discussed earlier (Chapter 5) suggested that homeless respondents were sanctioned at a higher rate than TANF families in general when 6-month sanctioning rates were examined based on non-compliance with WorkFirst and non-cooperation with child support enforcement.

As shown in the next table, similar proportions of homeless respondents and TANF recipients were exempt or deferred from work-related WorkFirst participation: 25 percent versus 28 percent, respectively. Homeless respondents were more likely to be deferred while they resolved their homelessness than TANF recipients in general (12 versus 2 percent).

Table 7.4 Reasons for exemption or deferral from WorkFirst for homeless respondents and TANF recipients (Ns = 253 respondents on TANF in month of interview and 36,711 TANF recipients in August 2000)

	Homeless respondents	TANF recipients
Not ready, exempt, or unable to participate[a]	25(%)	28(%)
Pursuing other benefits	1	6
Caring for child or incapacitated adult	2	4
Treatment or temporary incapacity	7	10
Family violence intervention	3	1
Divisions of Vocational Rehabilitation or Developmental Disabilities Plan	0	*
Homelessness resolution	12	2
Caring for a child w/special needs	0	1
Parenting skills and family planning	0	5
Age 55 & over relative caretaker	0	*
Caring for a child under 3 months	0	*

[a] People with more than one reason for deferral are allocated to the first category based on the order of the categories as shown in this table.
* 0.5 percent or less.
SOURCE: DSHS JAS Reporting System

Self-reported WorkFirst activities

Based on the interviews, we obtained information about the WorkFirst activities of the respondents and any spouse or partner living with them at the shelter. For those who reported participating in WorkFirst in the week before our interviews, the most frequently reported WorkFirst activities were:

- Working 20 or more hours (22%)
- Looking for a job (21%)
- Looking for housing (15%)

- Working, but under 20 hours (13%)

Of the respondents and spouses/partners who were participating in WorkFirst, 10 percent said that they had not done any WorkFirst activity in the seven days before our interview.

Table 7.5 The most frequent WorkFirst activities in last seven days, for persons signed up for WorkFirst (N = 144 respondents and spouse/partners)

	Percent [a]
Working 20+ hours	22(%)
Looking for a job	21
Looking for housing	15
Working, but under 20 hours	13
Nothing	10
WorkFirst enrollment is underway	9
Basic classes: ESL, basic ed, GED, job skills, voc-ed	9
Job search workshop	8
Medical, mental health or substance abuse treatment or counseling	7
WorkFirst activity to help get a job (clothing, car repair, talk to job coach . . .)	6

[a] Since there are multiple replies per person, the sum of percentages exceeds 100%.

Forty-four percent of the respondents said looking for housing was part of the WorkFirst plans for themselves or their spouse/partner, but over a third (38 percent) said it was not, and 17 percent did not know for sure.

Table 7.6 Does your WorkFirst plan include looking for housing? (N = 99)

	Percent [a]
Yes	44(%)
No	38
Don't know	17

[a] Detail does not add to 100% due to rounding.

Reasons for not participating in WorkFirst

Almost half (47 percent) of the families not participating in work-related WorkFirst activities gave us one or another of the following reasons: personal disability or other medical excuse, caring for an infant or disabled person, looking for housing, or pregnancy or caring for an infant. This suggests that perhaps as many as half of the non-participants had legitimate reasons that support exemptions or deferrals from work-related WorkFirst activities. Some of these reasons, such as pregnancy and caring for an infant, will be limited in duration, but others, such as caring for a disabled adult or being

disabled oneself, would endure for longer periods. As described earlier, persons with these situations are excluded from the state WorkFirst participation rate.

Table 7.7 Most frequently given reasons for not participating in WorkFirst (N = 120 respondents and spouses/partners)

Reason	Percent [a]
Is disabled or has medical excuse	26(%)
Caring for disabled child or adult	16
Looking for housing	13
Pregnant, or caring for infant	10
Spouse not required to participate. Not in Respondent's welfare unit	5
Gave one or more of these reasons: Is pregnant, or is caring for infant or disabled person, or is disabled, or has medical reason	47

[a] Since there are multiple replies per person, the sum of percentages exceeds 100%.

Looking for housing

Some confusion may exist as to whether looking for housing constitutes a WorkFirst activity or not. When asked about this, CSO administrators and their staff explained that families who are homeless may be deferred from other types of WorkFirst activities (e.g., looking for a job, attending WorkFirst training programs) for short periods of time while they attempt to find suitable housing. At 81 percent of the CSOs we visited, staff said that they often used this form of deferral. They also explained that looking for housing actually constitutes a WorkFirst activity that could be listed in a person's individual responsibility plan. Perhaps that is why some of our families gave "looking for housing" as one of their WorkFirst activities in the last week while others offered it as a reason that they were **not** participating in WorkFirst.

In 74 percent of the CSO interviews, looking for housing was mentioned as one of the reasons for not participating in WorkFirst, and in 48 percent of the interviews looking for housing was identified as the main reason for not participating in WorkFirst. Both the shelter providers and CSO administrators and their staff suggested that the best way to increase participation in job-related WorkFirst activities was to get the families into stable housing. This was mentioned by 41 percent of the shelter providers and 85 percent of the CSO administrators and staff.

What can be done to improve WorkFirst participation

We asked shelter providers and the CSO administrators and their staff what could be done to increase WorkFirst participation by homeless parents. In each case, we read a short list of possible actions and asked them to select the top one, two, or three that they felt would be most helpful. They were allowed to suggest an action not specifically mentioned on our list. As before, we asked the CSO administrator and his or her staff at a

given interview to try to reach consensus in selecting their top recommendations. The list of actions was the same for each interview, except that we included one item, "focus WorkFirst activities on resolving individual's homeless issues/causes," on the shelter provider's survey that was not on the CSO interview and another item, "Exempt homeless families from WorkFirst" on the CSO interview but not the shelter provider's.

The most frequently mentioned category was the need to get families into stable housing, which was mentioned by 41 percent of the shelter providers and 85 percent of the CSO administrators and staff. Other frequently mentioned remedies included bolstering treatment for mental health or substance abuse problems, improving local transportation, and increasing the availability of child care. About a third of the shelter providers also mentioned the importance of focusing WorkFirst activities on homeless issues (which was not on the list of possible actions mentioned to CSO staff) and making WorkFirst activities more attractive. Raising subsidies for child care or enforcing WorkFirst rules was selected by some shelter providers but none of the CSO participants. Several other suggestions were made, however, including providing more informational outreach about WorkFirst to homeless parents, providing better resources for domestic violence problems, improving community jobs programs through the use of one-on-one coaches, and providing more case management services.

Table 7.8 What can be done to improve WorkFirst participation among homeless parents (N = 70 shelter providers, 27 CSOs)

	Shelter Providers	CSOs
Get families into stable housing	41(%)	85(%)
Bolster treatment for mental health or substance abuse	31	56
Provide better local transportation	23	52
Increase availability of child care	24	33
Focus WorkFirst activities on resolving homeless issues	33	*
Make WorkFirst activities more attractive	31	4
Raise subsidies for child care	14	0
Enforce WorkFirst rules	9	0
Exempt homeless families from WorkFirst	**	0
Other	23	15

* Action not listed as a choice on the CSO survey.
** Action not listed as a choice on the Shelter Provider survey.

Availability of transportation to get to work

We asked a few questions about what form of transportation the respondent normally used. We examined the answers of respondents who were getting TANF benefits but had not worked or worked less than 20 hours last week to see if access to transportation may pose a barrier to work. We did not attempt to analyze transportation issues for those who had worked 20 or more hours in the previous week, based on the assumption (right or wrong) that these people had a means for getting to and from work.

Of all respondents who had not worked 20 hours last week, close to three-quarters (72 percent) had no car or no car in working order. Over three-quarters (78 percent) of this no-job and no-car group said they usually used public transit. The remaining 22 percent of the no-job no-car group usually got around by walking, asking for rides or borrowing a car. For many of these persons, lack of convenient transportation may be a more serious barrier to their going to work.

Of the non-working respondents who had a car but not in working order, almost all (92percent) had requested repair funds from the CSO.

TABLE 7.9 Usual transportation for respondents who were on TANF and had not worked at least 20 hours in the prior week (N = about 215 respondents, but varies from item to item)

	Percent
Have car	35(%)
Car in working order	28
Car not in working order	7
(92% of this group requested repair funds from CSO)	
No car or car not working	72[a]
No car or car not working, and use public transit	56
No car or car not working, and do not use public transit	15

[a] Detail does not add to total due to rounding.

8 Alcohol and Drug Use

Comparison group: Women in Poverty

To put the respondents' alcohol and drug use rates into perspective, data from the 1994 Washington State Needs Assessment Household Survey on drug and alcohol use was used.[14] Since most of the respondents interviewed at shelters were women between the ages of 18 and 54, we chose women aged 18 to 54 years who were at or below 200 percent of the Federal Poverty Level (FPL) from the 1994 household survey as our comparison group, which we will call "women in poverty" in this chapter.

Data for the comparison group are provided as a relative benchmark and not as a means for testing the effects of homelessness on drug and alcohol use rates. The two groups are not perfectly matched. Results from the homeless survey presented here pertain to all respondents who answered questions on drug and alcohol use regardless of age or gender. Also, homeless respondents may be poorer since they are more likely to fall below 100 percent FPL, a lower poverty threshold. Thus, the homeless respondents and women living in households below 200 percent FPL in 1994 may differ in their racial composition, age distribution, gender, and degree of poverty, and such differences could account for some or all of the differences we find in their use of drugs or alcohol.

Another factor to consider in comparing the results of these two survey is that the household survey was conducted in 1994, six years earlier than our interviews with the homeless families. In the intervening years, alcohol and drug abuse prevention and treatment programs for low-income women were considerably expanded, such that differences in use and treatment rates between 1994 and 2000 could be due to the effects of treatment programs. Thus, conclusions that might be drawn from our comparisons with the 1994 data may be partly or fully due to differences in composition of the groups, changes in the availability of treatment programs, or other factors.

Finally, the two surveys were administered differently: homeless families' survey was in person while the household survey was by telephone. The questionnaires also differed greatly even though many of the same questions were used to ask about lifetime and recent use of drugs and alcohol. Because of these many differences, we did not attempt to test for statistical significance between the results of the two surveys.

Alcohol use

Lifetime alcohol uses rates were the same for the homeless respondents and the comparison group of women below 200% of poverty: 93 percent. In the last 18 months, both groups also reported the same rate—23 percent—of binge drinking (five or more

[14] The Washington State Needs Assessment Household Survey by the DSHS Research and Data Analysis Division is the most comprehensive and most recent survey of households with telephones in Washington State. It includes measures of alcohol and drug use and dependence and mental health.

drinks on any occasion). The respondents living at shelters reported slightly lower rates of drinking in the last 18 months: 68 percent compared to 74 for women in poverty overall.

The most marked difference was drinking in the past 30 days. Only 20 percent of the respondents interviewed at shelters reported drinking in the last month compared to 60 percent of poor women in general. The much lower rate of recent drinking among homeless respondents may reflect shelter prohibitions against the use of drugs or alcohol, sobriety following treatment, or an unwillingness to report behavior that is counter to some shelter policies.

Table 8.1 Alcohol use for homeless respondents and women in poverty from the state household survey [a]

	Homeless Respondents (N = 376)	Women in poverty
Ever used alcohol	93(%)	93(%)
Used in past 18 months	68	74
Used in past year	62	na
Used in past 30 days	20	60
Binge drinking (5+ drinks)	23	23

[a] Women, aged 18-55, at or below 200% Federal Poverty Level. Source: DSHS, Research and Data Analysis, 1994 Washington State Needs Assessment Household Survey.

Of the homeless respondents or women in poverty who drank at all in the last 18 months, about 5 or 6 percent reported drinking almost daily. At the other extreme, about half (52 percent) of the homeless respondents reported drinking less than once a month, the least frequent category possible, while only a third (32 percent) of women in poverty reported such infrequent drinking. As a result, a higher proportion of women in poverty reported drinking more regularly than homeless respondents.

Table 8.2 Frequency of drinking of those who drank within last 18 months by homeless respondents and women in poverty [a]

	Homeless Respondents (N = 254)	Women in poverty
Almost every day	6(%)	5(%)
3 to 4 days a week	3	8
1 to 2 days a week	14	23
1 to 3 days a month	23	31
Less than once a month	52	32
Other/don't know/missing	3	2

[a] Women, aged 18-55, at or below 200% Federal Poverty Level.

Drug use

When asked about their use of marijuana or other illicit drugs besides marijuana, homeless respondents appear to be more likely than women in poverty to have used drugs at some point in their lives. Marijuana had been used by 72 percent of homeless respondents compared to 53 percent of women in poverty in general. For illicit drugs other than marijuana, the lifetime use rate by homeless respondents was 51 percent compared to 36 percent for women in poverty. Comparisons between homeless respondents and women in poverty by the other specific drugs (excluding marijuana), however, do not show marked differences (except for cocaine which had been used by 38 percent of homeless respondents and 21 percent of women in poverty). For the other drugs, little or no difference was found: hallucinogens (25 versus 24 percent), heroin (8 versus 4 percent), other opiates (9 versus 8 percent), stimulants (33 versus 30 percent), and sedatives for non-medical reasons (12 versus 8 percent).

Table 8.3 Lifetime use of drugs for non-medical reasons by homeless respondents and women in poverty from the state household survey

Lifetime use	Homeless respondent (N = 372)	Women in poverty
Any illicit drug, excl. marij.	51(%)	36(%)
Marijuana	72	53
Hallucinogens	25	24
Cocaine	38	21
Heroin	8	4
Other Opiates	9	8
Stimulants	33	30
Sedatives	12	8

Recent drug use rates (last 18 months or past 30 days) by homeless respondents and women in poverty were fairly close with a tendency toward lower rates reported by homeless respondents in most categories. In the 18 months before their interview, 10 percent of homeless respondents and 15 percent of women in poverty reported using marijuana. Over the same period, 13 percent of the homeless had used other drugs compared to 10 percent of women in poverty. In the last 30 days, five percent of homeless respondents and nine percent of poor women had used marijuana while three and five percent of each group, respectively, reported using other types of illicit drugs.

Table 8.4 18-month and 30-day use of drugs for non-medical reasons by homeless respondents (N = 372) and women in poverty

	Homeless respondents	Women in poverty
Past 18 months		
Marijuana	10(%)	15(%)
Any illicit drug, excl. marij.	13	10
Past 30 days		
Marijuana	5	9
Any illicit drug, excl. marij.	3	5

Substance abuse and dependence

Measures of abuse or dependence were derived from an efficient six-item scale called the UNCOPE.[15] Based on the Diagnostic and Statistical Manual, 45th Revision (DSM IV) criteria, this scale measures using drugs or alcohol more than intended, neglecting responsibilities, wanting to cut down, objections raised by others, preoccupation with wanting to use, and use to relieve emotional discomfort (hence the label UNCOPE). Positive responses to four or more items indicate abuse or dependence.[16] Although the UNCOPE typically asks lifetime patterns for four of the six items (e.g., neglect of responsibilities, objections by others, preoccupation, and use to relieve emotional discomfort), we modified these items to pertain only to the respondent's experiences in the last year. This tends to provide a more conservative indicator of the possible level of abuse or dependence in this population.

Among the homeless adults living in shelters with their children, 17 percent qualified as exhibiting substance abuse or dependence behavior. In comparison, 14 percent of women in poverty aged 18-54 were found to have an alcohol or drug use disorder in the last 18 months using data from a statewide household survey in the mid 1990s. Thus, homeless respondents appear to have only a slightly higher level of need for treatment than women in poverty in general.

Self-reported treatment for drug or alcohol problems

According to the homeless respondents, 29 percent of them had gotten treatment or help for drug or alcohol problems through in-patient care, counseling, detoxification, and/or assistance from self-help groups at some point in time. Over half (57 percent) of those

[15] W.H. Zywiak, N.G. Hoffmann, A.S. Floyd. "Enhancing Alcohol Treatment Outcomes Through Aftercare and Self-Help Groups." Medicine and Health/Rhode Island vol. 82, no. 3, March 1999, 87-90.
[16] N.G. Hoffman, personal communication, September 2001.

who met the criteria for abuse or dependence had received treatment or help, while 73 percent of those who appeared to have strong dependence had. Of respondents with strong dependence, 47 percent said they had received inpatient treatment and 58 percent outpatient services some time in their lives.

In the last year, about one in three (37 percent) of the respondents with strong dependence received outpatient treatment, about one in four got inpatient treatment (27 percent), and about one in four (27 percent) obtained counseling, with some receiving various combinations of these. In addition, over a quarter (29 percent) of those with strong dependence received detoxification in the last year and over half (55 percent) participated in self-help groups.

Across the board, the homeless women reported considerably higher rates of treatment or self-help participation than had the comparison women in poverty. Among all the homeless respondents, 29 percent had received help, counseling or treatment for drug or alcohol problems at some time in their lives, compared to only 11 percent of the women at or below 200 percent of poverty in 1994. Lifetime treatment rates were higher for the homeless respondents in every category of treatment, counseling, or help. Since there have been efforts made since 1994 to expand drug and alcohol treatment among high-need populations, these recent changes in service delivery could help account for some or all of our observed differences in rates of treatment.

Table 8.5 Received treatment or used self-help groups for drug or alcohol problems

Treatment rates	All homeless respondents N=372	Women in poverty from 1994 household survey	Homeless with substance abuse or dependence N=62
Ever received treatment or help	29(%)	11(%)	73(%)
Lifetime			
Self-help groups	23	8	65
Counseling	8	4	21
Detox	10	2	37
Inpatient	15	2	47
Outpatient	19	5	58
Past year			
Self-help groups	17	3	55
Counseling	7	1	27
Detox	6	[a]	29
Inpatient	7	[a]	27
Outpatient	10	2	37

[a] Less than one percent.

DSHS records

Publicly funded in-patient treatment for chemical dependency, outpatient counseling, and detoxification stays are recorded in a management information system, called Treatment Assessment Report Generation Tool (TARGET), maintained by the DSHS Division of Alcohol and Substance Abuse. Using data from this system, it was possible to analyze automated records for 325 respondents who had given us permission to use their records.[17] Of these 325 clients, 21 percent had received in-patient (residential) treatment or outpatient treatment at some point in the 30 months between July 1998 and December 2000. Of those who had received these services, two-thirds had received them for six months or less (not necessarily consecutive), while one-third received these services for seven months or more resulting in an average of 6.4 months of treatment services during this period. These data reflect any month in which the client received some form of treatment or detoxification, regardless of how long the treatment lasted or its immediate or long-term outcome.

Roughly equal portions of respondents received these services for chemical dependency before and after their current homeless period began. In the year before they became homeless, 11 percent had received these services, and in the period after they became homeless through the end of 2000, a period that varied in length depending on the person, 13 percent had received them. Some people are included in both segments since they received services for drug and alcohol problems in the months preceding and following the onset of homelessness.

[17] We first linked respondent's personal identifiers that they provided during the interview with records in the Automated Client Eligibility System (ACES). For these DSHS clients, we then looked for TARGET records in the DSHS Client Services Database of the Research and Data Analysis Division.

9 *Mental Health*

We asked respondents a battery of questions designed to measure two mental health disorders: depression and panic disorder. We also asked about whether they had ever received treatment for mental health problems. Their responses indicate that while nearly half had received some form of counseling or treatment for mental health problems in the past, the need for help in this area is significant for a sizable portion of these parents.

Depression

Major depression was found for 32 percent of 377 respondents who had answered a question about being sad, blue or depressed for two weeks or more in the last year. The classification of "major depression" was based on their replies to a series of questions about possible symptoms from the Patient Health Questionnaire which is used by medical professionals to measure clinical depression.[18] An additional 10 percent of the respondents reported a lesser number of symptoms that qualified for "other depression." Overall, 59 percent of the homeless respondents said they had felt depressed in the last 12 months, though not all of these met the criteria to be considered clinically depressed.

For the sake of comparison, we looked at measures of major depression for women in poverty from the 1994 Washington State Needs Assessment Household Survey. Only 12 percent of those women were classified as having major depression.

The Patient Health Questionnaire asks about symptoms experienced in the last two weeks, while we expanded the time reference in our survey to any two-week period in the last year. As a result, the proportion of homeless respondents who were classified as having depression (either "major" or "other") is likely somewhat higher than if we had asked about symptoms experienced in the last two weeks alone.

In our interview we did not determine why a respondent may have experienced symptoms of depression. We do not know, for example, if this condition existed before the respondent became homeless. Likewise, we cannot determine the degree to which their depression is caused by being homeless or other related problems.

Panic disorder

Panic disorder based on DSM-IV criteria was found for 32 percent of 371 respondents who answered one or more questions about anxiety symptoms from the Patient Health Questionnaire.[19] In contrast, only six percent of women in poverty were estimated to have had a panic attack in the prior year using data from the 1994 Washington State Needs

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[18] R.L. Spitzer, K. Kruenke, J.B.W. Williams. 1999. "Validation and Utility of a Self-Report Version of PRIME-MD: The PHQ Primary Care Study," *Journal of American Medical Association*, Vol. 282, No. 18 (November 10), pp. 1737-1744.

[19] *Ibid.*

Assessment Household Survey.[20] Although these measures are not precisely the same, the comparison suggests that the homeless respondents are likely to have a higher rate of panic disorder than women in poverty in general.

Table 9.1 Mental health indicators for homeless respondents (N = 361 to 377, depending on item)

	Percent
Mental health disorders in last year	
Major depression	32(%)
Depression, other	10
Panic disorder	32
Received treatment in lifetime	45

Treatment for mental health

Forty-five percent of all respondents reported having received some form of mental health treatment, such as counseling or prescribed medications, at some point in their lives.

To obtain a more specific indication of how many respondents had received publicly funded mental health services around the time of their most recent period of homelessness, we turned to DSHS records from the Mental Health Division for respondents who had given us permission to look at their records. We used data on mental health services stored in the Client Services Database in the Research and Data Analysis Division since it was the most readily available data that was easily linked to our survey respondents' names and other identifiers. This database includes extracts from the Mental Health Division records beginning in July 1998. For specific analyses of the six months surrounding the start of the respondent's most recent homeless period, we limited our analyses to the respondents who became homeless in September 1998 or later.

One in four (26 percent) of the 327 respondents who gave us permission to use their administrative records had received treatment services at least once in a recent 30-month period from July 1998 to December 2000. In the six months encompassing the start of their most recent homeless period (beginning two months before through three months after), 13 percent had received some mental health services, with most (70 percent) of these patients receiving mental health treatment in just one or two of these months.

Nearly half of the respondents indicated that they had gotten treatment for mental health problems some time in their life, but only one quarter have had publicly funded treatment

[20] These measures are based on different methods of interview (homeless families were in person, while household respondents were by telephone) and on slightly different questions. Therefore, the comparison is provided as an approximate point of reference.

in a recent 30-month period. Therefore, a number of individuals may have been dealing with mental health issues before the onset of their current homelessness. Facing homelessness, however, could easily have aggravated these conditions, but with our survey data or administrative databases we cannot determine the extent to which homelessness and related problems may have precipitated or worsened mental health conditions.

10 Domestic Issues and Family Services

Domestic violence shelter programs

Across the state of Washington are 44 shelter programs that receive funding through DSHS Children's Services for the purpose of sheltering survivors of domestic violence. These shelters account for over 20 percent of all families sheltered in the state. We conducted interviews with families and shelter providers at over half of these programs, interviewing a total of 79 families at domestic violence shelters (just under 20 percent of our 411 interviews). Not all of these respondents were survivors of domestic abuse, as most of these shelters doubled as both domestic violence *and* emergency family shelter programs. Conversely, many programs that do not receive funding as domestic violence shelters do provide shelter to domestic violence survivors.

Regardless of the type of shelter they were staying at, we asked respondents questions about whether they had been victims of domestic violence. We did not ask these questions when the respondent's children or spouse/partner could overhear the interview, nor in cases where the respondent preferred not to address the topic. Over 90 percent of our respondents (371 out of 411) did provide data on domestic violence.

Incidence of domestic abuse

Nearly half (44 percent) of respondents indicated that they had been victims of emotional abuse by a domestic partner during the prior twelve months. Over a quarter (27 percent) said they had been physically abused, and ten percent said they had been forced to participate in a sex act against their will.

Table 10.1 Incidence of domestic abuse (N = 371 respondents)

	Percent
In the past 12 months, has an intimate partner:	
...put you down, called you names, or told you who you can talk to, where you can go or what you can do?	44(%)
...physically hurt you (hit, slapped, choked, kicked, or hit you with an object or weapon)?	27
...forced you to participate in a sex act against your will?	10

Involvement of medical and law enforcement authorities

Of those respondents who were survivors of domestic abuse, one out of four (25 percent) had sought medical care in the past twelve months as a result of domestic abuse, and nearly half (49 percent) had law enforcement authorities intervene in their domestic

situation. In the past twelve months, nearly a third (31 percent) of the respondents who reported domestic abuse had a court order issued for their protection.

Table 10.2 Involvement of medical and law enforcement authorities in domestic abuse situations (N = 124 to 158 respondents, depending on item)

	Percent
In the past 12 months:	
...did you go to a doctor or other medical care provider as a result of physical or sexual violence by an intimate partner?	25(%)
...was law enforcement involved in your domestic situation?	49
...did any court issue a Protective Order to protect you?	31

Family services received from Children's Administration

Beyond the domestic violence issues asked about during the interview, information from DSHS records was used to determine if Children's Administration had provided any child or family services to families in a recent two and a half year period. These services are not necessarily the result of domestic violence, but many of them are designed to keep children out of harm's way as well as to help the family deal with various difficulties. They include foster care, family reconciliation services, case management and investigations under Children's Protective Services (CPS), group treatment care, and home-based services for families who may be at risk of a child's out-of-home placement.

During a recent period (from July 1998 through December 2000), 39 percent, or 126, of 325 respondents who gave us permission to look at their DSHS records were listed on cases handled by Children's Administration. The services provided were designed to reduce risks for children and, when possible, to help keep children in their own homes. For 88 percent of these 126 families CPS provided risk assessments, case management, coordination of community services, legal intervention, and case monitoring. Case management was also obtained from Child Welfare Services (CWS) by 24 percent of the 126 families, some of whom were also handled by CPS. Eight percent of the 126 families received family reconciliation services, and 25 percent got home-based services to support basic needs to reduce risks of child placement or to assist in family reunifications. Many of these families received services through several Children's Administration programs.

In the same 2½ year period (July 1998 through December 2000), 10 percent of the 652 children living with respondents at the shelter (who gave us permission to review their records) were listed on Children's Administration cases in which at least one child was removed from the family's home. These out-of-home placements were indicated primarily by the receipt of foster care services and occasionally by group treatment care or crisis care services.

Fully 28 percent of respondents reported having children who were not living with them at the shelter at the time of the interview. According to the respondent, 11 percent of these children were in foster care and five percent were living with adoptive parents. Nearly three quarters, however, were staying with either the child's other parent (35 percent) or another family member (38 percent).

Table 10.3 Living arrangements of children who were not with the respondent at the shelter (N = 193)

Child's Living Arrangement	Number	Percent[a]
Child's other parent	67	35(%)
Child's grandparent	44	23
Child's other relative	29	15
Friend of child or parent	9	5
Foster care	21	11
Adopted	10	5
Other (e.g., jail, on own, shelter)	9	5
Don't know	2	1
Missing	2	1

[a] Detail does not add to 100% due to rounding.

11 How Shelters Operate

Statewide, we identified 152 programs that shelter homeless families. From our rolling one-night census we estimate that the 152 programs together were providing emergency shelter to about 750 families during any given night in mid-2000.

State funding sources

Of the 152 shelters, 130 received state funding for operating shelters. A total of 122, or 80 percent, received state emergency shelter funds through the Emergency Shelter Assistance Program (ESAP), administered by DCTED's Office of Community Development (OCD) and distributed through 34 area "lead agencies." Forty-four of the 152 shelters, just under 30 percent, received state domestic violence shelter funding, administered by DSHS, and most of these (36 out of 44) received ESAP funds as well. Twenty-two shelters received neither type of state shelter funding. Most of the 22 were privately funded, though some may have received federal or local shelter funds, or other public funds.

Table 11.1 State funding for emergency shelters for families

State funding	Number of shelters	Number of families served, one night[a]
All shelters serving families	152	750
Both emergency shelter funds and domestic violence shelter funds	36	143
Emergency shelter funds only	86	508
Domestic violence shelter funds only	8	16
Neither	22	83

[a] Estimates are based on weighted data.

Geography

The geographic distribution of the 152 shelters is shown in Tables A.1 and A.3 in Appendix A. The geographic distribution of the 750 families is shown in Table 2.11 in Chapter 2 on demographic and geographic characteristics.

Types of family accommodations

Based on interviews with 70 shelter provider, we found that most of the shelters provided families rooms or apartments located in one building, often the same building that housed the shelter's offices. Some shelters offered families vouchers with which to pay for

motel/hotel accommodations. A few shelters provided rooms or apartments at scattered sites.

Table 11.2 Types of family accommodations (N = 70 shelters)

Type of accommodations	Percent of all shelters
Rooms or apartments in one bldg	77(%)
Vouchers for motel/hotel rooms	46
Scattered rooms or apartments	13

Admissions policies

Of 67 providers who answered questions about their admissions policies, 24 percent said that their shelters generally did not admit adult men to their family units. Three did not admit adolescent or teenage family members, and another five did not admit boys above a certain age. Twenty, about 30 percent, of the providers did not admit parents under 18. Some providers indicated that these policies were not always followed strictly and that, in practice, their decision as to whether or not to admit a family sometimes depended on the family's particular circumstances.

Although several shelter providers told us of access problems for families with adolescent boys, the demographic data for the 411 families we interviewed does not show any deficit in the number of adolescent males. Of the 176 children aged 12 to 17, 51 percent were boys. Perhaps families with adolescent boys, if denied admission at one shelter, may be admitted by another.

Other clientele besides families

Many shelters that serve families serve other clientele as well, mainly women or men without children, but sometimes also adolescents. However, family shelters mainly serve families. The 60 providers who answered a question about this in our interviews indicated that, on average, adults from homeless families made up 72 percent of all their adult clients.

Rules about maximum lengths of stay

At the time of our survey, shelters that received OCD emergency shelter funds were contractually expected to limit family stays to 90 days. Prior to February 2000, the time limit had been 60 days. In practice, the maximum length of stay rule varied between two days and two years among the 60 providers who claimed to have a rule stipulating a maximum, with 93 percent reporting a limit of 90 days or less. Specifically, 23 percent said their maximum stay rule was 90 days, the limit expected under ESAP, 20 percent said it was 60 days, while the rest gave some other number. The average maximum stay

set by shelter rules was 74 days, about two weeks less than the 90-day limited expected under ESAP.

The providers with maximum stay limits estimated that over half (54 percent) of their families stayed the full maximum and that 26 percent of families that had reached the shelter's maximum would actually remain an additional week or so. Thus, the limits were somewhat flexible and such rules were not always strictly enforced.

Actual lengths of stay based on family interviews

Current stays at shelters

The 411 families we interviewed had been at their shelters for 39 days on average, and had not yet left. The average length of stay may be lower, however, since the 39-day figure is based on the one-night, "snapshot" sample, which gives excessive weight to families with long lengths of stay.

Stays at prior shelters

The 411 respondents reported having 279 previous stays at shelters during the past 12 months. The average length of these earlier shelter visits was 37 days. This 37-day figure cannot be used to represent an average length of stay at shelters by families in general since it is based on the prior stays of families who had subsequent shelter stays. Such families may not be representative of all families who use shelters.

The services shelters provide

The shelters often provided services in addition to shelter. Other services most frequently provided were:

- help in finding housing (provided by 96 percent of the 70 providers)
- clothing (provided by 93 percent)
- case management (provided by 90 percent)
- food or meals (provided by 86 percent).
- Helping families get welfare supports (reported by 84 percent).

Also often provided were counseling, health care, legal help, childcare, and rental assistance.

When they were asked which was their most important service, after shelter itself, 36 percent of the providers said case management was most important, 17 percent said meals, and 13 percent said help in finding housing.

Contributions expected from families

Work

Most providers (72 percent, or 38 out of 53 providers who answered this question) said their shelters expected contributions of work, such as housekeeping or childcare. Of the families we interviewed, 67 percent (232 out of 345 who were asked) indicated their shelters expected work contributions.

Money

Nine (17 percent) of 53 providers who answered a question about payments expected from families said that their shelters expected families to pay some amount for their shelter. These payment policies may be flexible enough to take into account family circumstances. About two-thirds of the families we interviewed were receiving income grants while living at the shelters. The grants, which ordinarily include funds for housing, are generally not reduced when a family lives at a shelter, especially if the family has to pay some amount to the shelter. Some 25 percent of the families (102 out of 407 who answered this question) said they paid some amount for their shelter. Those amounts ranged from $1/day to $350/month.

Food

Only one of 53 providers indicated that their shelter expected the families to contribute food or Food Stamps. Three percent of 343 families who answered the question indicated they contributed food or Food Stamps.

Training for shelter staff

We asked shelter providers what training they provided their staff, and what proportion of the staff had received that training. Close to two-thirds of the shelters provided their staff with training in case management, domestic violence, homelessness, and child abuse and neglect. The proportion of staff who attended training varied depending on the shelter and topic and averaged between one-third to two-thirds of the staff. The training was often provided by other agencies in the community, and the scope and intensity of the training could vary greatly.

Table 11.3 Training for shelter staff (N = 70 shelters)

Topic	Percent of shelters providing this training
Case management	66(%)
Domestic violence	66
Homelessness	63
Child abuse and neglect	63
Substance abuse	54
Mental health	51
Parenting	47

Admission wait times

We obtained information about how long families had to wait until they got into their current shelter from almost all (404 out of 411) of the interviewed respondents. Wait times to get into the shelter were generally brief. Almost half (47 percent) told us they got in without any delay and another third within a week. One out of five waited longer than a week to get into the shelter where they were staying at the time of our interview.

Of the families who had to wait, many may have been able to stay at their previous shared places until a place provided by the shelter became available. Also, of the 217 respondents who had to wait at least a day to get into a shelter, ten were provided a temporary place to stay (e.g., a motel) by the shelter, and six others were given temporary places by another shelter.

Only 16 of the 70 providers we interviewed gave us estimates of how long families typically have to wait to enter their shelter. These providers estimated average wait times ranging from two to 75 days, with an average across providers of 28 days.

Demand versus capacity

We asked the 70 shelters about the space they had for sheltering families and the number of families that they housed the night before. Based on their responses, we determined that the total capacity of the 70 shelters was 615 families and that they were providing shelter to 460 families at the time of our interview. According to this data, the number of families living at those shelters was about two-thirds of the shelters' self-reported capacities. Shelter capacity, however, is often not a firm figure. If demand is especially high, in-house capacity can sometimes be extended by issuing motel vouchers, and capacity can sometimes be shifted to or from other clientele using transitional housing units or rooms for single adults.

Seasonality

As all our family and provider data were collected during the summer months, we have no direct data on seasonality. We did ask the providers and CSO administrators about their impressions about the seasonality of family homelessness, but there was no consensus about when demand was highest. Forty-three percent of the providers indicated that the number of families seeking shelter increased during winter, 20 percent thought demand was higher in the summer, and 21 percent saw no pronounced seasonal variation. The remaining 16 percent either did not answer or gave replies with more qualifications or nuances but none that strongly indicated higher demand in winter.

Among the CSO administrator interviews, 56 percent thought more families faced housing emergencies in the winter, four percent thought there was more demand in the summer, 30 percent saw no pronounced seasonal variation, and ten percent gave other replies. The most prominent reasons for seasonal variation, each cited in about 30 to 40 percent of the CSO interviews, were: higher utility bills in winter, bad weather eliminating other shelter options, and families wanting housing stability when school begins in the fall.

12 Summary Findings and Recommendations

Profile of families helped by shelters

On an average night in mid-2000, an estimated 750 families were being sheltered by emergency and domestic violence shelters across the state. During the summer of 2000 we interviewed an adult in 411 of these families. Eighty-one percent of the respondents gave us permission to access DSHS records for themselves and their children.

Our snapshot sample of families living at shelters tends to under-represent families who stay at shelters for very short periods of time, so our findings should be considered most applicable to more long-term homeless family than to those who rely on shelters for brief intervals.

Counts of homeless families

This study provides an estimate of families who are homeless and helped by shelters on one hypothetical night in mid 2000. The estimate of 750 such families does not include those who are inconspicuously homeless by living with friends or family or elsewhere. From their detailed one-year residential histories, the families interviewed for this study reported that they had been continuously homeless before they came to their present shelter for twice the time they had since spent at the shelter.

This information indicates that there may be at least two other homeless families who are living inconspicuously, usually in shared arrangements, for every one family at the shelter. This information, of course, does not allow us to estimate the number of those who never seek the assistance of shelter programs, many of whom may resolve their homelessness without ever reaching a shelter.

Family composition

Over two-thirds of the families included just one adult, usually a woman (93 percent of one-adult families). On average, the families had about 2 children with them with 63 percent of these children of school age (5-17). Slightly over a fourth of the respondents also had children living elsewhere. DSHS Children's Administration records revealed that one in ten of the families had had children living in foster care at some point in the last two and a half years.

Geography

Homelessness is not just an urban issue. Many families are homeless in eastern Washington and in rural areas in both the east and west. Relative to the resident population, slightly higher ratios of homeless families were found in more rural counties

and in eastern Washington. When compared to the number of TANF families, however, the highest ratio of homeless families was in King County, suggesting that families on welfare may be more at risk of becoming homeless in the King County area (where availability of low income housing may be particularly problematic).

Race and ethnicity

Slightly over half of the respondents were non-Hispanic whites, about one in five was non-Hispanic Black, and one in ten was of Hispanic Origin. Nine percent of respondents reported more than one race, with white and American Indian/Alaska Native being the two most frequently mentioned categories reported in combination with some other race. For example, although American Indian/Alaska Native was reported as their sole race by eight percent of the respondents, an additional six percent reported this background in combination with some other race. So, persons with some Native American heritage comprise about 14 percent of the homeless respondents staying with their children at shelters across the state.

Duration of family homelessness

By the time of our interview, the families had been continuously homeless for a third of the year, on average, including 39 days spent at the shelter. And their homelessness had not yet ended.

Eighty percent of the families had been homeless for some time before they arrived at the shelter; only one in five came directly from a stable home of their own. Some 39 percent of the families had come to the shelter from a place they had shared temporarily with friends or family, 24 percent had come from their own place (lived at alone or with a spouse or partner), and 22 percent had come from another shelter. We classified places one lived at for 90 days or less (shared or one's own) as homeless places because, being temporary, those places did not provide the children a stable place. For a child, a temporary place is not a home.

Relatively few families had lived in non-habitable places such as buildings without working plumbing, vehicles, tents, or on the streets. Of all the homeless places where families had lived before coming to the present shelter, only nine percent were classified as non-habitable.

Forty-four percent of the respondents had been homeless at least once previously, mostly as adults and often with their children. In 22 percent of these previous homeless periods, the respondents had themselves been children or teenagers. Furthermore, about one in four respondents had been in foster care as a child. Two in five had never finished high school or earned a GED.

Access to regular welfare supports

Becoming homeless is associated with an increase in families receiving regular welfare supports. The proportion of homeless families getting cash assistance, food stamps, and

Medicaid in any given month rose markedly with the onset of homelessness and remained at relatively high levels in the year after they became homeless. While rates of public assistance were somewhat lower in the months before families became homeless, they grew sharply in the three months following the start of homelessness. Once the monthly rates stabilized, about 65 percent were getting food assistance, about 60 percent were getting cash grants, mostly TANF, and roughly 80 percent of respondents and 91 percent of their children were getting Medicaid. Keep in mind, by the time the rates became more stable, nearly a year after the family's recent homeless period began, many of these families may no longer be homeless.

As to the quality of service received at welfare offices, the respondents generally gave their CSO workers high ratings. Two out of three said they had been treated very or somewhat respectfully by their last CSO worker. Only one in eight said they had been treated very disrespectfully by their last CSO worker. Also, when shelter providers were asked to assess how helpful their local CSO staff and administration were in assisting homeless families in getting welfare assistance or solving welfare problems, over half found welfare staff to be generally helpful, a third gave a mixed evaluation (sometimes helpful, sometimes not), and one in seven expressed concern about their helpfulness. One shelter provider reported that she advised parents who were having difficulty in getting welfare problems resolved to request an explanation in writing, a strategy which often led to a rapid resolution of the problem.

Based on the replies from our respondents and our analyses of welfare records, we did not learn why the other 30-35 percent of the homeless families were not getting welfare supports on a regular basis. Furthermore, it was not clear why 11 percent had not gotten food stamps and 17 percent had not received cash assistance in any month since becoming homeless until the end of 2000 (at least three to six months after interviewing them at the shelter). Some families may not have applied, some may have been working and been ineligible due to their earnings, and some may have had their benefits withheld for cause. For families who had obtained benefits at some point, welfare records would exist which might contain information about why the family did not receive welfare on a regular basis. Compliance or eligibility issues could be investigated with such records. We also have permission to review Employment Security Department records from many of the respondents, and data from that system could be used to track recent employment histories that could account for periods in which the respondent did not get welfare supports.

DSHS records on sanctioning revealed that homeless families appeared to be more likely to be sanctioned than TANF families when both non-compliance with WorkFirst and non-cooperation with child support enforcement were included. However, rates of sanctioning for WorkFirst participation alone appeared to be at similar levels (see Table 7.3). Since sanctioning for either WorkFirst or Child Support Enforcement can be affected by problems in providing documents or staying in communication with one's case worker, homeless families can sometimes face extra barriers that may make compliance more challenging. Further research could help determine if homeless families are actually more likely to receive sanctions than other TANF families since interviews

with CSO administrators and key staff indicated that the CSOs try to avoid sanctioning homeless families. More detailed comparisons between homeless families and TANF clients might provide a better understanding of what contributes to the risk of being sanctioned. Also, such a study should look more broadly at actual terminations or suspensions of benefits and how the incidence of these even more serious outcomes compare.

Improving access to welfare supports

CSO administrators and key staff, in our interviews, indicated that most offices did expedite eligibility processing for families who said they were facing an immediate risk of becoming homeless. Nonetheless, shelter providers suggested that speeding up the application process and eligibility determination was one way CSOs could improve service to homeless families. More generally, shelter providers suggested that CSOs could better meet the needs of homeless families by assigning these families to specialists knowledgeable about homeless issues, speeding up processing, and making special allowances for problems unique to homelessness.

When asked what distinguishes homeless families from other families on welfare, several CSO administrators indicated that some homeless parents have great difficulty in managing their very limited funds. Also, when asked why some families are more successful than others in obtaining permanent housing, the most common answer from shelter providers (61 percent) was that some parents are better able to manage their lives and problems, including their money. Both CSO staff and shelter providers suggested that ways to address the money management problems that some families seem to have would include money-management classes, more active case management, and protective payees.

Access to supplemental grants (AREN) to cope with housing emergencies

Access to AREN grants was not as high as access to regular welfare grants. One out of two families had received at least one AREN grant over a recent three-year period, some before they became homeless, some after. Although most families said they had talked with at least one CSO worker about their housing emergency, only about a third of these families said they had been told at the CSO about emergency housing money that might be available to help them by the time we interviewed them at the shelter. DSHS records showed that some families received AREN funds in the months after our interview.

Today, access to AREN grants may be more limited than what we found. The families in this study became homeless primarily during the year when AREN funds were most readily available (between July 1999 and July 2000). After July 2000 AREN eligibility rules were tightened somewhat because the program budget was reaching its limit too quickly.

This study is **not** an evaluation of AREN. We do not know the outcomes for all families who applied for or received these funds. Since AREN operates on a limited budget and is not an entitlement program, priorities have to be set as to what sorts of housing

emergencies will be addressed and to what extent. CSO administrators and their staff reported having to make such decisions when determining how best to use AREN funds. Several CSO administrators and key staff did recommend that the AREN program could be made more effective by relaxing the once-a-year rule so that they could more readily help families who may need smaller amounts more than once a year to stay in their homes.

An assessment of AREN may be in order since AREN may in fact be an effective way to prevent family homelessness and could even reduce public costs from attendant problems such as loss of jobs that could be brought on by homelessness. At present, we do not know how well AREN works or how different program features influence cost and effectiveness. In the last three years the program has operated under three sets of administrative policies: first restrictive, then much expanded, then somewhat restricted again. Data about experiences under these three variations could provide pointers as to what works better and what not. By following applicants who were denied AREN as well as those who received it, it should be possible to determine to some degree how many families lost housing relative to those who avoided evictions or found suitable, stable housing arrangements.

WorkFirst participation

An early purpose of this study was to determine the WorkFirst participation rate for homeless families and reasons for non-participation. Based on DSHS records, 58 percent of the homeless respondents on TANF in the month of our interview participated in WorkFirst compared to 93 percent of all TANF recipients in August 2000. Of homeless respondents deemed ready to work, 19 percent were working, 19 percent were looking for work, and 13 percent were preparing for work. Of TANF recipients in general, 40 percent were working, 22 percent were looking for work, and 22 percent were preparing for work. Forty-two percent of homeless respondents but only seven percent of TANF recipients were considered ready to participate but were not doing so. Most of the homeless in this situation had no countable activity recorded in their official record. This problem could reflect difficulties in staying in communication with people who are homeless.

Twenty-five percent of homeless respondents and 28 percent of TANF recipients overall were exempt or deferred from work-related WorkFirst activities. Among the homeless this percentage was mostly due to resolving issues of homelessness (12 percent).

When asked directly why either they or their spouse/partner were not engaged in work-related WorkFirst activities, nearly half of the homeless respondents gave reasons that are legitimate bases for exemptions or deferral from job-related participation—pregnancy, medical excuses, one's own disability, or caring for an infant or disabled person. An additional 13 percent said they were looking for housing, an activity that can be a reason to temporarily defer WorkFirst participation. Some respondents who were looking for housing said they **were** participating in WorkFirst while others engaged in the same activity thought they were not participating. This suggests that there is some confusion over the legitimacy of looking for housing under the WorkFirst program.

Looking for housing vs. looking for work

Many shelter providers expressed the view that for homeless families the priority activity should be finding housing rather than work. To some extent CSO administrators were in agreement with this view. According to CSO administrators and key staff, most CSOs did approve families looking for housing, either by giving the families time-limited deferrals from WorkFirst, or by considering looking for housing, usually for a short period of time, a legitimate WorkFirst activity.

The two activities, looking for housing and looking for work, may be complementary for some homeless parents. Some respondents indicated that they had applied for housing subsidies and were now waiting to be approved, or were already on waiting lists for subsidized or public housing. Many homeless parents, when describing their efforts to find stable housing, reported that the primary impediment to their getting housing was a lack of money. In this regard, having a paying job may improve the family's prospects for getting into more permanent housing. However, both shelter providers and CSO administrative staff suggested that one of the most important ways to improve WorkFirst participation among homeless parents was to get families into stable housing. To the extent in some communities that the supply of affordable housing for low-income families is limited and suitable jobs are scarce, this may prove to be a daunting task that requires more fundamental solutions than either shelter providers or welfare staff can achieve on their own.

Promoting cooperation between shelter providers and welfare offices

Our analyses of DSHS administrative data indicate that homeless families start getting welfare benefits in greater proportions after they became homeless. Whether this is the direct consequence of efforts by shelter providers and welfare workers or simply the willingness of families to apply for those benefits when faced with the problem of losing their home was not asked in our survey, but both shelter providers and welfare workers we interviewed indicated that they work diligently toward this end. For example, 84 percent of shelter providers indicated that helping families get welfare benefits was one of their main services.

Our interviews with CSO administrators and key staff and with shelter providers found that in most communities a good deal of cooperation is already underway among the two parties, though not in all communities. Devices to improve local shelter-welfare office cooperation, some of which are already underway, include: pilot projects that place domestic violence experts in CSOs, homeless families training and domestic violence training conducted locally (such as the homeless training conducted in 2000), and local committees on resource allocation and care coordination in which both parties participate, often with other local service providers. Still, shelter providers and welfare administrators both said that with further improvements in communication and cooperation, homeless families could be helped even more.

How shelters and welfare offices could work together even better

The data indicate a small but significant proportion of homeless families are not getting welfare benefits. Thus, there appear to be opportunities to try to reach more of these families and to help them obtain welfare support. Shelter staff are in an excellent position to encourage homeless parents who are not already getting welfare benefits to apply promptly (which shelter providers clearly say they do). To provide such help or encouragement effectively shelter providers could benefit by more information about welfare program eligibilities or procedures required to apply for and maintain benefits. Welfare offices might do more to provide shelter staff in their own communities with clearer and better information about welfare options and eligibilities. At least one CSO administrator mentioned doing that by having CSO staff occasionally visit the community's shelters. Better information could also be accomplished with more local training, informational brochures, and assigning staff at both ends to provide ongoing liaison. The homeless family liaison might serve as a first point of contact for other community agencies and for families who are themselves looking for assistance from other community providers.

Whether to emphasize work or looking for housing is an area of contention. Since welfare reform, the state's welfare offices have considerably increased their emphasis on work or at least WorkFirst participation. According to our interviews with CSO administrators and key staff, homeless families are not ordinarily exempted from WorkFirst participation (other than where exemption is legitimate on other grounds) but are allowed time-limited deferrals and often a sympathetic interpretation of the rules.

Many shelter providers, in their interviews, emphasized getting the family into stable housing before pursuing work or WorkFirst activities. For some families they also mentioned the need for time to first recover from a domestic catastrophe, often with the help of counseling. More local communication could ease differences in perspective or emphasis, by fostering better understanding of one another's program rules and procedures, and through opportunities to at least discuss compromises and exceptions, especially where individual families seem to be caught between conflicting objectives.

Alcohol and drug use, mental health and domestic issues

Alcohol and drug use

Comparisons between homeless respondents and a conveniently available sample of poor women from a mid-1990's statewide household survey provided rather interesting but sometimes inconsistent findings. While homeless respondents had roughly the same rate of lifetime alcohol use as women in poverty, their recent use of alcohol, particularly in the last 30 days, tended to be lower. On the other hand, lifetime use rates for marijuana or other illicit drugs appeared to be somewhat higher among homeless respondents, but more recent drug use rates were more similar. Finally, recent rates of drug or alcohol abuse or dependence were quite close as well: 17 percent of homeless respondents in the last year and 14 percent of poor women in general in the prior 18 months.

Questions about prior treatment revealed that 29 percent of homeless respondents had received treatment, counseling, or assistance from self-help groups (such as Alcoholics Anonymous) at some point in their lives but only eleven percent of women in poverty had. Of the 62 homeless respondents who were found to have abused or been dependent on drugs or alcohol in the last year, 73 percent said they had received treatment at some point in their lives and some of these had obtained help in the last year (one in four received inpatient residential care, one in three outpatient care, and one in two self-help group support). The full extent and effectiveness of the help or treatment received is not known, but the fact that some individuals appear to be grappling with problems of both homelessness and substance abuse indicates the complexity of personal issues they are trying to address.

Mental health problems

Many of the women and men we interviewed had been dealing with mental health issues during their lives as indicated by the fact that almost half of the respondents said they had received treatment for these problems. Using a standard screening scale for mental health problems in the last year, we found that a third could be classified as having major depression and a third panic disorder, compared to 12 and six percent, respectively, among women in poverty.[21] This comparison is far from perfect, yet it does suggest the potential seriousness of these issues and high need for mental health treatment among the adults in homeless families at shelters. According to DSHS records, in the 2 ½ years between July 1998 and December 2000, 26 percent of all homeless respondents had received publicly funded mental health services. Most of these services, however, had been provided for just one or two months, probably too short a time to adequately address long-term mental health problems.

Domestic issues and family services

In the year before we met them, about one in four of our respondents had been physically abused by a spouse or partner and one in ten had been sexually abused. Of those who had survived domestic abuse, one in two had asked law enforcement to intervene, one in three had sought court-ordered protection, and one in four had required medical care.

The DSHS Children's Administration operates a number of programs that are designed to reduce risks to children while striving to keep families intact. They provide funds to shelter domestic violence survivors at nearly a third of the shelters that receive some form of state funding. In addition, 39 percent of the families included in this study received Children's Administration services such as CPS case management, risk assessment, or family reconciliation or reunification counseling designed to assess and reduce risks to children. One in ten of the families who had given us permission to review their DSHS records had had their children placed out of the immediate family's home for at least some period of time in the 2 ½ years between July 1998 and December 2000.

[21] Comparisons are based on the Washington State Needs Assessment Household Survey, 1993-94.

What can we learn about homeless families with multiple problems?

Further analysis is needed to determine the degree to which homeless parents face multiple problems that may affect their ability to achieve stability in their housing situation. A number of questions could be addressed, such as: To what extent might survivors of domestic violence also be experiencing problems with depression or panic? To what extent are those with drug or alcohol problems also experiencing mental health problems? Is the length of time a family has been homeless recently or the number of prior periods of homelessness related to any of the other personal characteristics or whether they receive DSHS services? How long have TANF benefits been received by those with multiple problems compared to other homeless families? If resources for additional analyses become available, such interactions could be examined through the data from this survey combined with available administrative records on treatment. A multivariate analysis could help inform an approach to addressing the needs of adults in homeless families that recognizes the complexities in individual circumstances. It could also help in understanding the extent to which the presence of multiple problems may contribute to repeated homelessness for some families.

Future directions

According to the families, the main impediment they face in trying to return to stable living is lack of money. DSHS is not the state's housing agency, but it is the principal agency for providing very poor families with funds. State-level cooperation between DSHS and OCD, the state's housing agency, is fostered under the Homeless Families Plan. Both agencies could perhaps do even more to encourage their local operations (i.e., welfare offices and emergency shelters) to continue to coordinate activities at the community level. Such joint efforts could help to coordinate housing and social service programs for optimal benefit to families who are homeless or at risk of becoming so.

Since DSHS also provides services for families who have experienced domestic violence and publicly funded treatment for drug or alcohol use and mental health problems, DSHS may be able to help provide services that will help the family ultimately obtain or keep stable housing or a job. Data for this study has shown that many of these families are already our clients and are served by many programs. Obtaining treatment is often included in WorkFirst responsibility plans or deferrals are granted for those receiving treatment. Before we can expect parents to work on a regular basis, such problems as substance abuse, mental health problems, or coping with domestic violence may need to be addressed. Both shelter providers and CSO administrative staff emphasized such needs when they recommended that we should bolster available treatment programs for chemical dependency and mental illness.

When we invited families to participate in this study, we told them that we would use the information they provided to try to help other families like theirs, in the future. For many individuals this seemed to be the main reason they were willing to share the details of their lives. To fulfill that promise, this report has tried to faithfully recount those details and put them into perspective. Homeless families rely on shelters, social services, and welfare offices to help them achieve greater stability. Some also have family members

and friends who they can turn to for help; others do not. No single remedy can help all homeless parents meet the basic needs of their family. The challenge is to use the many resources which are available to help families achieve greater stability.

Appendix A: Study Methods

This study, conducted between June and September 2000, was based largely on interviews with a sample of 411 families selected from emergency shelters and domestic violence shelters throughout the state of Washington. To qualify for the study, respondents needed to be staying in a shelter or receiving a motel voucher from a shelter program and be accompanied by a child under age 18. Respondents also qualified if they or someone staying with them was pregnant.

We also interviewed representatives from the staffs of 70 shelters and 27 DSHS Community Service Offices throughout the state. These interviews are described later.

Identifying shelters that serve families

We identified 152 programs providing shelter to families in Washington State.

We started with a list of all the area-wide "lead" agencies funded by the Office of Community Development (OCD) throughout the state, the emergency shelters funded by those area agencies, and a list of all domestic violence shelters funded directly by DSHS. After an informational mailing we contacted the lead agencies and shelters by phone, to ask whether each shelter ordinarily served families. We dropped from the list shelters that did not ordinarily serve families. We retained shelters that would serve families though they had served none the previous day.

To identify additional shelters, those that did not get OCD or DSHS funds, we asked the area agencies and shelters about any other shelters that may be serving families in their communities. We then contacted those shelters. Many of the latter shelters had religious affiliations, and some relied entirely on private funds. Some may have gotten federal or local public funds.

We contacted each identified shelter to verify that they indeed served families and to find out the number of families the shelter had assisted the previous night. The next table shows the number of shelters we identified, reached and verified, by their geography and funding.

Statewide census of families at shelters

During our initial phone inquiry, every shelter that served families was asked for the number of families they had sheltered the previous night. Later, we would ask the one-night census question again and in more detail, during our on-site visits to do the family and provider interviews. Where we had both phone and on-site census data, we used the on-site data.

Table A.1 Shelters serving families in Washington State

	All funding		Received DSHS Domestic Violence funds[a]		Received OCD emergency shelter funds, but not DSHS DV funds		No DSHS or OCD funds	
	Shelters	Families[b]	Shelters	Families[b]	Shelters	Families[b]	Shelters	Families[b]
Entire state	152	750	44	159	86	508	22	83
East – urban	20	116	4	20	12	84	4	12
East – rural	31	103	14	38	13	54	4	11
West – King County	35	237	7	45	22	165	6	27
West – other urban	35	216	6	30	25	155	4	31
West – rural	31	78	13	26	14	50	4	2

[a] Most also got OCD funds

[b] Estimates are based on weighted data.

Our on-site visits provided census data for 75 of the 152 shelters. For 47 additional shelters we got census data by phone. For the remaining 30 shelters we were not able to obtain last night census data, either because we could not reach anyone (after many tries) or because the person we reached did not know how many families had been helped the night before. These were mostly small shelters, and another estimating method was available. These 30 shelters and most of the others for which we did have census data in Fiscal Year 2000 (FY00) had sent OCD month-by-month counts of families they had served. As we had one-night census data for most of the shelters, we could use a statistical regression model to estimate one-night counts for the 30 shelters for which we had OCD data but no direct data.

The 122 shelters for which we had direct census data had by their own word assisted 627 families the previous day. The remaining 30 shelters had by our estimate served 123 families. Thus, our estimate of 750 families statewide is comprised of direct reports about 627 families (84 percent of 750) and our estimates for 123 families (16 percent).

The census was done not on any single night, statewide, but rather was taken progressively during June – September 2000. Technically, it was a rolling census rather than a true one-night snapshot.

The 750 figure is a one-night estimate. It does not estimate the number of families served over a year's time. The 750 figure is compatible with OCD's annual reports over the last several years of 7400 to 8,100 families being served annually by OCD-funded shelters. But the 750 figure also includes families served by DSHS-funded domestic violence shelters and by any other family shelters in Washington State.

The sample of shelters

Our initial objective was 500 completed interviews, distributed across five geographic research areas. The number of interviews targeted for each research area was based upon the overall population of the area, with a somewhat greater proportion being targeted in the less populated non-Metro and eastern counties. The initial plan anticipated finding fewer shelters statewide and more families per shelter than we in fact found. Ultimately, we were able to interview 411 families at 81 different shelter programs. The number of families interviewed varied from place to place, and could not be closely predicted in advance. We kept a running tally of interviews completed within each research area and if the yield was below target we added (usually smaller) shelters or did second visits.

The 81 shelters where we conducted family interviews represent 53% of the total 152 family shelters we identified in the state. Twenty of the 152 shelters were not helping any families at the time of our census. The 81 shelters where we conducted family interviews represent 61% of shelters that had at least one family in residence or vouchered into a motel room at the time of our census. We also visited and conducted interviews with shelter providers at four of the shelter programs with a family census of zero.

The families we interviewed were drawn from shelters of all sizes. We interviewed families at every shelter that had a census of more than ten families, at 75 percent of the shelters having between six and ten families, and just under half (49 percent) of the shelters with between one and five families.

Table A.2 Number of shelters visited by shelter size

Shelter size (# of families per our census)	Total # of shelters of that size	% of all family shelters	# of all shelters visited	% of all shelters visited of that size
All	152	100(%)	85[a]	56(%)
21-25	3	2	3	100
16-20	4	3	4	100
11-15	11	7	11	100
6-10	28	18	21	75
1-5	86	57	42	49
0	20	13	4	20

[a] We interviewed families at 81 of these shelters. The other four shelters had no families in residence at the time of our visit, so we only interviewed shelter provider at those sites.

The sample of families

To contain the fieldwork costs, which were substantial, we sampled shelters, then at each sampled shelter tried to interview every willing family that could be accommodated with our staff and schedule. The next table shows the number of shelters in the final sample

and the number of interviewed families. Based on the percent of families interviewed out of the estimated number available in each region shown in the last column of the table below, we selected between 51 and 59 percent of all the families sheltered in the three more urban areas (King County and more urban east and west). In the more rural areas our proportions varied somewhat, with 38 percent of available families being interviewed in the more rural portion of eastern Washington and 73 percent of those in the more rural West.

Table A.3 The geography of the sampled shelters and families

	In the state		In the sample		
	Shelters	Families[a]	Shelters	Families	Percent of available families
In entire state	152	750	81	411	55(%)
East – urban	20	116	11	69	59
East – rural	31	103	13	39	38
West – King County	35	237	20	120	51
West – other urban	35	216	23	126	58
West – rural	31	78	14	57	73

[a] Estimates are based on weighted data.

Table A.4 Funding of the sampled shelters and families

	In the state		In the sample		
	Shelters	Families[a]	Shelters	Families	Percent of available families
All funding types	152	750	81	411	55(%)
Both emergency shelter funds and domestic violence shelter funds	36	143	22	78	55
Emergency shelter funds only	86	508	47	274	54
Domestic violence shelter funds only	8	16	1	1	6
Neither	22	83	11	58	70

[a] Estimates are based on weighted data.

Recruiting families

The procedures for recruiting families, conducting interviews, and protecting the confidentiality of the personal information we gathered were approved by the DSHS institutional review board. A few days before each scheduled site visit we called the shelter again, to arrange details. As had been mentioned earlier, we asked that the shelter provide private interview areas and that shelter staff recruit families for us in advance, following guidelines we had set out in a brochure prepared for families and shelter staff. The brochure explained the purposes of the study and who we were, described the interview and the confidentiality and privacy protections, and extended our offer of $20 plus reimbursement of transportation and child care costs on completion of the 1¼ to 1½ hour interview.

We asked shelter staff to invite and schedule one adult from each family, in the large blocks of interviewer time we made available. Before the visit, we called again to confirm the number of scheduled families and to ask about languages. The interview protocol was translated into Spanish, and two of our six primary interviewers were fluent in Spanish. For other languages, we asked about the need for an interpreter, and would arrange for an interpreter at project expense. Evening interviews were often available.

At the start of the interview, the interviewer, following a written protocol, explained the purposes of the study, the topics to be covered in the interview, privacy and confidentiality protections, the offer of $20 plus reimbursement of costs, the absence of any consequences for declining to cooperate, and all other information needed to enable informed consent. The interviewer asked if the respondent had questions, and answered those. If the respondent was willing to participate in the study, the interview proceeded. (See **www-app2.wa.gov/dshs/rda** for a copy of the survey instrument for the family interview.)

Defining and measuring places, homeless places, and homeless periods

We asked each of our 411 respondents to describe for us in some detail every place they had lived during the one year prior to our interview date. For each place we asked start date, location, who else lived there, whether the respondent contributed money or labor to the household, and end date and reason for leaving. The composition of the family (that is, the people who lived with the respondent) often changed from place to place, but in most cases the respondent did have one or more children present. Hence it is reasonable (though technically imprecise) to describe all these places as the family's last year's living places.

Many families before arriving at the shelter had already lived at a sequence of one or more (homeless) places. It is important to understand that such families, though they may have lived at several places, had been continuously homeless. Our main focus in this report is not each separate place, where the family might have stayed only briefly, but rather the families' periods of continuous homelessness, which would necessarily be longer than their stays at any one place.

1. We defined a place as any location where the family stayed for one night or longer. The 411 respondents over the last twelve months had lived at a total of 2,131 places: the 411 shelter places where we met them, plus 1,720 previous places.

2. We categorized each of the 2,131 places as homeless or not, using an objective definition. A place was categorized as homeless if the place

   - was an emergency or domestic violence shelter, or
   - did not meet minimum habitation standards (no full basic plumbing on site), or
   - was a temporary place, a place where the family lived 90 days or less. (This category is comprised mainly of briefly-stayed-at shared places and own places.) Categorizing temporary places as homeless places recognizes that children need place stability to thrive. Especially for a child, a temporary place is not a home.

3. We defined a homeless period as an unbroken sequence of homeless places.

Weighted data

Data on families served by shelters presented in this report are based on the 411 families in our sample. In all chapters except Chapter 2 the numbers represent the actual counts and percentages of respondents for whom we have data on a given question. In Chapter 2 we depart from this convention and present estimates based on the total state shelter population. In that chapter, where we present data on the basic demographic and geographic characteristics of families in shelter, we weigh the data so that the totals add to the 750 families we estimated in our rolling one-night census. By weighing the data in that chapter, our goal was to produce statistics that painted an accurate picture of the overall statewide size and characteristics of the family shelter population at a point in time.

As was noted in chapter one (see page 3), we have left the data in the remaining chapters unweighted, due to the complexities of calculating different weights for questions with varying numbers of respondents. All of the basic demographic questions (with the exception of race) were answered by all respondents, so one set of weights could be used for all those data items. Weighted and unweighted data produce nearly identical percentages, though, of course, the raw counts differ from the weighted counts.

Weights were based upon the rolling state shelter census for each of the five geographic research areas and three shelter funding types outlined in Table A.1, for a total of fifteen different shelter types (e.g., East-Metro DV-funded). This assumes that families staying at a shelter of a certain funding type in a given geographical area are more similar to other families in the same type of shelter than they are to families staying in other types of shelters. The weight for each shelter type was calculated by taking the overall census count for each shelter type and dividing by the total number of family interviews we completed in those shelters.

The next table shows the weights applied to family interviews from each type of shelter:

Table A.5 Weights

	Source of funding[a]		
	DV	OCD	Other
East – urban	2.00	1.83	0.92
East – rural	3.45	2.57	1.57
West – King County	1.67	2.26	1.35
West – other urban	1.50	1.72	1.94
West – rural	2.36	1.14	1.00
Total number of shelters	44	86	22

[a] DV shelters receive funds from DSHS Children's Administration. Almost all of them also receive funding through OCD's Emergency Shelter Assistance Program (ESAP).
OCD shelters receive ESAP funding, but no DSHS funds.
"Other" shelters are mostly privately funded and faith based, though some of them may also receive some government funding from sources other than OCD or DSHS.

Administrative records

At the close of the interview the interviewer asked the respondent whether they would allow us to look at certain of their records. This would enable us to add their records data to the data they had just given us. We explained that we were interested in welfare, child welfare, substance abuse, mental health, and employment records, and again assured confidentiality of those data.

Permission was recorded on a signed form. For welfare and child welfare records, the respondent could give records access permission only for themselves and for their minor children. For other records, the respondent gave access permission only for their own records. Where the respondent agreed, we asked for the full names and aliases of each person, their dates of birth, and Social Security numbers.

Permission to access DSHS records was obtained for 81 percent of the respondents and the children living with them at the shelter. We found records in DSHS' welfare and social service databases for 98 percent of the persons for whom we had permission to do such a records search. We linked records if we found an exact match on at least two of the following three identifiers: person's name(s), date of birth, and SSN. After running automated procedures, a few additional matches were made by inspection when our computerized matching process failed to make the link due to minor discrepancies in names, dates of birth, or SSN.

Interviews with shelter providers

For our shelter provider interviews we sought to interview the program director or shelter manager of each family shelter where we were doing family interviews. The interviews were done in-person. Where it was impractical to interview the shelter provider during our visit to do the family interviews we scheduled the provider interview for a separate visit, earlier or later. In a few cases the director/manager was not available, and we interviewed a knowledgeable member of the staff.

We completed provider interviews at 70 of the 152 shelters we had identified as serving families. These 70 shelters were assisting 563 or 75 percent of all 750 families estimated to be homeless on any one night. Four of the 70 were done at shelters where there were at that time no families to interview.

The provider interviews were composed mainly of questions with preset reply categories or open-ended questions where the respondent could reply as they wished but the interviewer then had to apply pre-determined coding categories. The questions often offered multiple choices and allowed opportunities for ad hoc explanations and further discussion. We sent each provider in advance a list of the topics to be covered. (See **www-app2.wa.gov/dshs/rda** for a copy of the survey instrument for the shelter provider interview.)

The interviews with shelter providers took about 1½ hours, and were conducted either by one of the authors, or by one or two of our family interviewers who came to the project with experience working with shelter services to homeless families. These two interviewers were trained to do provider interviews.

The following topics were covered:

- Numbers and composition of families assisted the previous night
- Services provided to and requirements of families
- Access to DSHS benefits/services
- Access to health care
- Children in school
- Parents' mental health, drug and alcohol use, and disabilities
- Shelter-use patterns
- Public-policy recommendations

The data we present from these provider interviews are simple counts or percentages of the responding providers. The data are not adjusted to give more weight to the views of the operators of larger shelters.

Interviews with welfare office administrators and key staff

At 27 of the state's 66 welfare offices we conducted in-person interviews with the administrators of those offices. Washington State's welfare system is state-run, and the local offices are called Community Services Offices, or CSOs.

To broaden participation, we asked the CSO administrators to invite persons on their staff who had expertise in working with homeless families. Administrators were free to invite whomever they wished, and most did invite others to join in. These interviews were done during October and November 2000.

The 27 CSOs were selected by location and size. We picked CSOs from each of the five geographical areas we had used earlier to select shelters for the family interviews. Within each geographic area we picked those CSOs that were most visited by the families we had interviewed earlier and which served the greatest number of homeless clients. We used the number of homeless clients identified in the DSHS Automated Client Eligibility System (ACES) even though the recording of homelessness in ACES may be somewhat incomplete.[22] The 27 selected CSOs served 60 percent of the state's total TANF caseload.

The interviews followed structured protocols. The protocol was sent in advance, and at our visits we often found that participants had reviewed the protocol and had already penciled in many of their replies. (See **www-app2.wa.gov/dshs/rda** for a copy of the survey instrument for the CSO administrator interview.)

Most of the questions provided for either preset reply categories or allowed open-ended replies with real-time coding by the interviewer. Many items offered multiple choices and allowed ad hoc explanations and further discussion. Where several persons participated in one CSO interview we asked them to discuss each item and provide us a single consensus reply. Consensus was facilitated by our allowing multiple replies and ad hoc explanations.

The following topics were covered:

- Characteristics of homeless families that use that office
- Availability of AREN (and other) emergency housing grants
- Staff training
- Special administrative consideration for homeless families
- Problems homeless families may have in accessing welfare benefits
- WorkFirst participation
- Relationship between welfare offices and local emergency and DV shelters
- Public policy recommendations

[22] Lowin, A. 1998. *Homeless Families with Children Receiving Welfare Assistance in Washington State.* Washington State Department of Social and Health Services. Research and Data Analysis. Olympia, WA. Report No. 6-47.

The data we present from these welfare office administrator interviews are simple counts or percentages of the office responses. The data from each office are not adjusted to give more weight to the views of the operators of larger offices.

Precision of results

Chances are 19 of 20 that if all families at shelters in Washington State during one night had been surveyed, those findings would differ from the percentage results reported here by no more than 5 percentage points in either direction. Uncertainty would be higher for statistics about smaller subgroups of all homeless families.

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